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 * * * * * * * * * * STN  Columbus  * * * * * * * * * * * * * * * *

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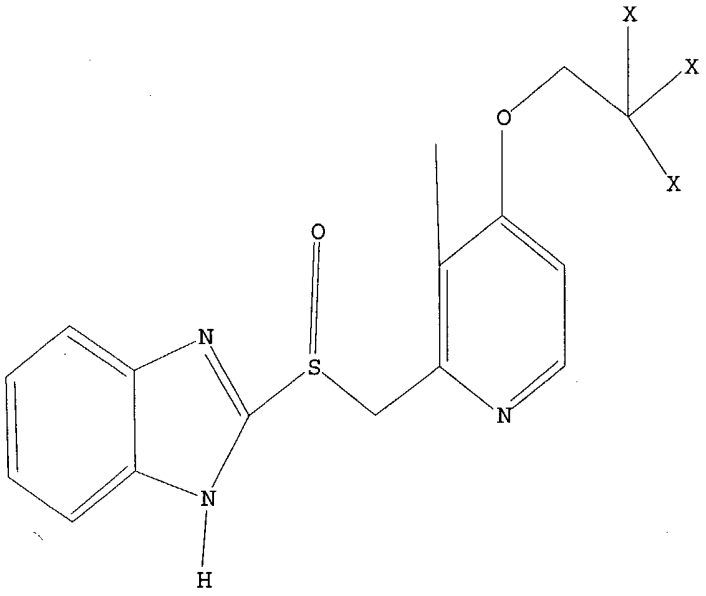


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=> s l2
L3          1081 L2

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L4             11 HYDRATE AND L3

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L4 ANSWER 1 OF 11 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 141:76745 CA
TITLE: Method for the preparation of coated drugs and dietary supplements that include substances with a concentration gradient in the coating
INVENTOR(S): Petereit, Hans-Ulrich; Meier, Christian; Roth, Erna
PATENT ASSIGNEE(S): Roehm GmbH & Co. Kg, Germany
SOURCE: Ger. Offen., 14 pp.
CODEN: GWXXBX
DOCUMENT TYPE: Patent
LANGUAGE: German
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
DE 10260919	A1	20040701	DE 2002-10260919	20021220
WO 2004058225	A1	20040715	WO 2003-EP11540	20031018

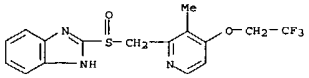
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRIORITY APPLN. INFO.: DE 2002-10260919 A 20021220

AB The invention concerns the prepn. of coatings for drugs and dietary supplements in a way that the concn. of the coating ingredients decrease or increase from the inner side of the coating to the outer side; the concn. gradient is achieved by spraying the components in form of solns. or dispersions from two or more nozzles; the components mix with each other during spraying and after evapn. a film is formed around the core. Cores are drug crystals, tablets, granules, pellets etc. Acid-sensitive substances can be coated with (meth)acrylate copolymers contg. anionic groups in a way that the layers close to the cores contain neutralized anionic groups or a base; the outer layers contain increasing amts. of non-neutralized polymer or decreasing amts. of base. Similarly, base- or dye-sensitive substances can be coated by avoiding the crit. component next to the core and increasing its concn. to the outer layer. Thus a first spraying fluid contained (g): Eudragit L30 D-55 300; 1N sodium hydroxide 250; water 1050. The second spraying fluid included (g): Eudragit L30 D-55 300; 1N sodium hydroxide 250; pigment suspension 750; water 300. The pigment suspension was composed of (g): talc 100; titanium dioxide 50; color pigment 50; polyethylene glycol 6000 50; trisodium acetate citrate 5.5 **hydrate** 62; antifoaming agent 1; water 687.

IT **103577-45-3**, Lansoprazole
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(acid-sensitive, coating of; method for prepn. of coated drugs and dietary supplements that include substances with a concn. gradient in

L4 ANSWER 1 OF 11 CA COPYRIGHT 2004 ACS on STN (Continued)
coating)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



L4 ANSWER 2 OF 11 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 140:59642 CA
TITLE: preparation of almost anhydrous lansoprazole from its solvate and/or **hydrate**
INVENTOR(S): Aihara, Kiyoshi; Hiroshige, Eiko; Yokogoshi, Kiyonori
PATENT ASSIGNEE(S): Permachem Asia, Ltd., Japan
SOURCE: Jpn. Kokai Tokkyo Koho, 7 pp.
CODEN: JKXXAF
DOCUMENT TYPE: Patent
LANGUAGE: Japanese
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
JP 2004002230	A2	20040108	JP 2002-160105	20020531

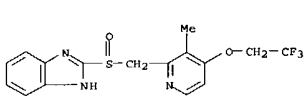
PRIORITY APPLN. INFO.: JP 2002-160105 20020531

OTHER SOURCE(S): CASREACT 140:59642
AB Almost anhyd. lansoprazole (I, already know as antiulcer agent) is prepd. by dissolving solvate and/or **hydrate** of I in solvent, crystg. by aq. alkali, and drying at low temp. Thus, I **hydrate** (H2O content 1.5%) was dissolved in DMF, treated with ammonia at pH 9, filtered, and dried at 40.degree. for 12 h to give white I crystals, which contained 0.04% H2O.

IT **207790-96-3**
RL: PEP (Physical, engineering or chemical process); PYP (Physical process); PROC (Process)
(dehydration and/or desolvation of lansoprazole by crystn. by aq. alkali and low-temp. drying)
RN 207790-96-3 CA
CN Ethanol, compd. with 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]-1H-benzimidazole (1:1), monohydrate (9CI) (CA INDEX NAME)

CM 1

CRN 103577-45-3
CMF C16 H14 F3 N3 O2 S



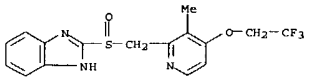
CM 2

CRN 64-17-5
CMF C2 H6 O

L4 ANSWER 3 OF 11 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 138:396134 CA
TITLE: On the inhibitory action of 29 drugs having side effect gynecomastia on estrogen production
AUTHOR(S): Satoh, Takashi; Itoh, Shinji; Seki, Toshio; Itoh, Shungo; Nomura, Norikazu; Yoshizawa, Itsuo
CORPORATE SOURCE: Hokkaido College of Pharmacy, Otaru, Hokkaido, 047-0264, Japan
SOURCE: Journal of Steroid Biochemistry and Molecular Biology (2002), 82(2-3), 209-216
CODEN: JSBBEZ; ISSN: 0960-0760
PUBLISHER: Elsevier Science Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB To examine the influence on aromatase and sulfatase pathways in estrogen pool by drugs reported to cause gynecomastia as the side effect, 29 ethical drugs were incubated with human placental microsomes as an enzyme source. The percent inhibition of drugs on aromatase pathway was obtained by sum of the velocity consts. of two products, estrone (E1) and estradiol (E2) from testosterone (T) as the substrate, and that on sulfatase pathway was obtained as the velocity const. of prodn. of E1 from estrone sulfate (E1S). Although several drugs including ketoconazole showed a significant inhibition effect on aromatase pathway at their non-clin. over-dose concn. (100 .mu.M), no influence on the inhibition was obsd. in any drugs at their approx. therapeutic concn. (1 .mu.M). However, several drugs including spironolactone gave the product ratio (E2/E1) having higher value than that of the control, the result means spironolactone inhibits the conversion of E2 to E1. No inhibitory effect of the drugs tested on estrogen prodn. from E1S (sulfatase pathway) was confirmed. The results suggest the possibility that the tested drugs known to cause gynecomastia have no inhibitory effect essentially on aromatase and sulfatase pathways.

IT **103577-45-3**, Lansoprazole
RL: ADV (Adverse effect, including toxicity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(inhibitory action of drugs having a side effect of gynecomastia on estrogen prodn.)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

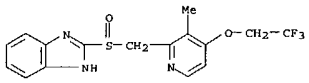


REFERENCE COUNT: 33 THERE ARE 33 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 4 OF 11 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 137:57492 CA
TITLE: Blood donors on medication: are deferral periods necessary?
AUTHOR(S): Stichtenoth, Dirk O.; Deicher, Helmuth R. G.; Frolich, Jurgen C.
CORPORATE SOURCE: Institute of Clinical Pharmacology, Medizinische Hochschule Hannover, Hannover, 30623, Germany
SOURCE: European Journal of Clinical Pharmacology (2001), 57(6-7), 433-440
CODEN: EJCPAS; ISSN: 0031-6970
PUBLISHER: Springer-Verlag
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Drugs and their metabolites in transfused blood components may cause effects in the recipient. If the disorder being treated is not to be regarded as an exclusion criterion from blood donation, donors on medication should be deferred for a period consistent with the drug's pharmacokinetics. Peak plasma drug concns. of .ltoreq.3% of the therapeutic concn. were regarded to be safe for the recipient of a blood product. For teratogenic drugs a much lower safety level of <0.000001% has been proposed. For the calcn. of deferral periods, both the type of blood component to be prepd. and the drug's pharmacokinetics were considered. For drugs with known teratogenic risks, a deferral period of 28 plasma-elimination half-lives is suggested. For nonteratogenic drugs, a simple, conservative approach could be based on waiting for 5 plasma-elimination half-lives, thus reaching the required 3% safety level.
If, however, the type of blood component to be prepd. is also considered, a more differentiated approach appears to be appropriate: for blood components contg. .ltoreq.50 mL plasma from a single donor, donor medication may be disregarded because of the high diln. in the recipient's plasma vol., whereas for blood components with higher plasma contents (250 mL on av.) from a single donor on medication the 3% safety level will be achieved by observing the deferral period of 5 plasma-elimination half-lives. A guideline for 191 drugs and drug classes is presented.

IT **103577-45-3**, Lansoprazole
RL: ADV (Adverse effect, including toxicity); BUU (Biological use, unclassified); PKT (Pharmacokinetics); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(waiting period before transfusion of blood products prepd. from blood of humans taking various drugs, including)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



L4 ANSWER 4 OF 11 CA COPYRIGHT 2004 ACS on STN (Continued)

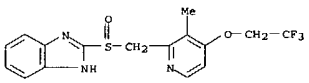
REFERENCE COUNT: 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 5 OF 11 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 136:252482 CA
TITLE: Preparation of aqueous clear solution dosage forms with bile acids
INVENTOR(S): Yoo, Seo Hong
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 35 pp., Cont.-in-part of U. S. 6,251,428.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 3
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.		DATE
US 2002031558	A1	20020314	US 2001-778154		20010205
US 6251428	B1	20010626	US 1999-357549		19990720
US 2003186933	A1	20031002	US 2002-309603		20021204
PRIORITY APPLN. INFO.:			US 1998-94069P	P	19980724
			US 1999-357549	A2	19990720
			US 2000-180268P	P	20000204
			US 2001-778154	A3	20010205

AB Compns. for pharmaceutical and other uses comprise clear aq. solns. of bile acids which do not form any detectable ppts. over selected ranges of pH values of the aq. soln. The compns. comprise (i) water, (ii) a bile acid component in the form of a bile acid, bile acid salt, or a bile acid conjugated with an amine by an amide linkage; and (iii) either or both an aq. sol. starch conversion product and an aq. sol. non-starch polysaccharide. The compn. remains in soln. without forming a ppt. over a range of pH values and, according to one embodiment, remains in soln. for all pH values obtainable in an aq. system. The compn. may further contain a pharmaceutical compd., such as insulin, heparin, bismuth compds., amantadine and rimantadine. For example, soln. dosage forms that did not show any pptn. at any pH were prepd. contg. uraodeoxycholic acid (UDCA) 22 g, 1N NaOH 75 mL, chenodeoxycholic acid (CDCA) 3 g, maltodextrin 875 g, bismuth citrate 4 g, citric acid or lactic acid as needed, and purified water to make 1 L.

IT **103577-45-3**, Lansoprazole
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(prepn. of stable aq. solns. contg. bile acids for therapy)
RN 103577-45-3 CA
CN , 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



L4 ANSWER 5 OF 11 CA COPYRIGHT 2004 ACS on STN (Continued)

L4 ANSWER 6 OF 11 CA COPYRIGHT 2004 ACS on STN

ACCESSION NUMBER: 136:5990 CA

TITLE: Process for producing crystal of optically active 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridyl]methyl]sulfinyl]benzimidazole

INVENTOR(S): Hashimoto, Hideo; Maruyama, Hideaki

PATENT ASSIGNEE(S): Takeda Chemical Industries, Ltd., Japan

SOURCE: PCT Int. Appl., 73 pp.
CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: Japanese

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001087874	A1	20011122	WO 2001-JP4014	20010515
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
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AU 2001056732	A5	20011126	AU 2001-56732	20010515
JP 2002037783	A2	20020206	JP 2001-144635	20010515
JP 3374314	B2	20030204		
JP 2002338567	A2	20021127	JP 2001-145688	20010515
JP 2003055372	A2	20030226	JP 2002-229402	20010515
EP 1293507	A1	20030319	EP 2001-930131	20010515
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
US 2003153766	A1	20030814	US 2002-275334	20021107

PRIORITY APPLN. INFO.: JP 2000-141670 A 20000515
JP 2001-144635 A3 20010515
WO 2001-JP4014 W 20010515

OTHER SOURCE(S): CASREACT 136:5990

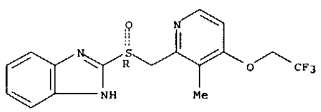
AB Described is a process for producing crystals of (R)-2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridyl]methyl]-sulfinyl]benzimidazole [(R)-I].n'H2O (wherein n' is about 0 to about 0.1) or of a salt thereof, characterized by subjecting a soln. or dispersion in an org. solvent of (R)-2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridyl]methyl]sulfinyl]benzimidazole .nH2O (wherein n is about 0.1 to about 1.0) to crystn. to crystallize out the target compd. During examg. various methods of prepg. (R)- and (S)-I, it was found that there exist specific crystal forms for (R)- and (S)-I which are different from crystal forms of the sulfone deriv. When these isomers are crystd. in these specific crystal forms, surprisingly the sulfone deriv., which is normally difficult to remove, is readily removed to give the desired isomer with very high optical purity. Thereby, this process is a simple process by which an optically active sulfoxide deriv. can be efficiently and industrially mass-produced in high yield while attaining an extremely high enantiomer excess. (R)- and (S)-I possess antiulcer, anti-Helicobacter pylori, stomach-acid secretion inhibitory, and mucus membrane-protecting activity and are useful as antiulcer agents (no data). Thus, 0.747 L titanium isopropoxide was added to a mixt. of 4.5 kg 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridyl]methyl]thio]benzimidazole (1.89% water content), 22 L PhMe, 25 g H2O, 0.958 L (+)-tartaric acid di-Et ester at 50-60.degree. and stirred at the same temp. for 30 min, followed by adding 0.733 L diisopropylethylamine at room temp. and then cumene hydroperoxide at -5.degree. to 5.degree., and the resulting mixt. was stirred at -5.degree. to 5.degree. for 1.5 h and treated with 17 L 30% sodium thiosulfate to decomp. the residual cumene hydroperoxide. The org. layer was sepd. and successively treated with H2O 4.5, heptane 13.5, tert-Bu Me ether 18, and heptane 27 L, and stirred at .apprx.10.degree. for crystn. The pptd. crystals were sepd. and washed with 4 L tert-Bu Me ether-PhMe (4:1) to give wet crystals of (R)-I contg. the sulfone deriv. by 0.90% and no sulfide and other isomer with optical purity of 100% ee. A suspension of the latter crystals in 20 L acetone was added dropwise to a mixt. of 7 L acetone and 34 L water and stirred at .apprx.10.degree. and the pptd. crystals were sepd. and washed with a mixt. of 4 L acetone and 12 L water to give wet crystals of (R)-I contg. no sulfone and sulfide deriv. and other isomer with optical purity of 100% ee. The latter wet crystals were dissolved in 45 L EtOAc and 3 L H2O and the org. layer was sepd., filtered to remove insol. matter, treated with 0.2 L Et3N, concd. to .apprx.7 L, and treated with 2.3L MeOH and then with .apprx.12.5% aq. NH3 (23 L, .apprx.50.degree.) and 22 L tert-Bu Me ether (.apprx.50.degree.). The org. layer was sepd. while saving the water layer and those in the following procedure, and treated with .apprx.12.5% aq. NH3, followed by sepg. the org. layer, and this procedure was repeated one more time. The sepd. water layers were combined, treated with 22 L EtOAc, adjusted to pH .apprx.8 by adding dropwise AcOH, followed by sepg. the org. layer and extg. the water layer with 11 L EtOAc. The org. layers were combined, washed with 11 L .apprx.20% aq. NaCl, treated with 0.2 L Et3N, concd. under reduced pressure, treated with 5 L acetone, and concd. under reduced pressure. The conc. was dissolved in 9 L acetone and the soln. was added dropwise to a mixt. of 4.5 L acetone and 22.5 L H2O, followed by adding dropwise 18 L water to the resulting mixt. The resulting mixt. was stirred at .apprx.10.degree. and the pptd. crystals were sepd. and successively washed with a cold 1:3 mixt. of acetone and water (3 L) and then 12 L water to give wet crystals of (R)-I contg. no sulfone and sulfide deriv. and other isomer with optical purity of 100% ee. The latter wet crystals were dissolved in 32 L EtOAc, followed by sepg. the water layer, and the org. layer was concd. under reduced pressure to .apprx.14 L, treated with 36 L EtOAc and 270 g activated charcoal, stirred, and filtered to remove the activated charcoal. The filtrate was concd. under reduced pressure to .apprx.14 L, followed by adding 90 L heptane to the conc. at .apprx.40.degree. and stirring the resulting mixt. at .apprx.40.degree. for 30 min., and the pptd. crystals were sepd., washed with a 1:8 mixt. of EtOAc and heptane (6 L), and dried to give 3.4 kg (R)-I contg. no sulfone and sulfide deriv. and other isomer with optical purity of 100% ee, which had specific peaks in powder X-ray diffraction anal.

IT **138530-94-6P**
RL: IMF (Industrial manufacture); PEP (Physical, engineering or chemical process); PRP (Properties); PUR (Purification or recovery); SPN (Synthetic preparation); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); PROC (Process); USES (Uses)
(process for producing optically active [[[methyl(fluoroethoxy)pyridyl] methyl]sulfinyl]benzimidazole in specific crystal forms by crystn.)

RN 138530-94-6 CA

CN 1H-Benzimidazole, 2-[(R)-[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

Absolute stereochemistry. Rotation (+).



REFERENCE COUNT: 35 THERE ARE 35 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 7 OF 11 CA COPYRIGHT 2004 ACS on STN

ACCESSION NUMBER: 135:262242 CA

TITLE: Fast dissolving orally consumable films containing an ion exchange resin as a taste masking agent

INVENTOR(S): Bess, William S.; Kulkarni, Neema; Ambike, Suhas H.; Ramsay, Michael Paul

PATENT ASSIGNEE(S): Warner-Lambert Company, USA

SOURCE: PCT Int. Appl., 41 pp.
CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

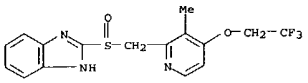
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001070194	A1	20010927	WO 2001-US2192	20010123
W: AE, AG, AL, AU, BA, BB, BG, BR, BZ, CA, CN, CR, CU, CZ, DM, DZ, EE, GD, GE, HR, HU, ID, IL, IN, IS, JP, KP, KR, LC, LK, LR, LT, LV, MA, MG, MK, MN, MX, MZ, NO, NZ, PL, RO, SG, SI, SK, SL, TR, TT, UA, UZ, VN, YU, ZA, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
EP 1267829	A1	20030102	EP 2001-959912	20010123
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
BR 2001009378	A	20021203	BR 2001-9378	20010123
JP 2003527410	T2	20030916	JP 2001-568392	20010123
NZ 520961	A	20031031	NZ 2001-520961	20010123
ZA 2002006963	A	20030721	ZA 2002-6963	20020829
NO 2002004513	A	20020920	NO 2002-4513	20020920

PRIORITY APPLN. INFO.: US 2000-535005 A 20000323
WO 2001-US2192 W 20010123

AB Physiol. acceptable films, including edible films, are disclosed. The films include a water sol. film-forming polymer, such as pullulan, and a taste masked pharmaceutically active agent, such as dextromethorphan. The taste masking agent is preferably a sulfonated polymer ion exchange resin comprising polystyrene cross-linked with divinylbenzene, such as Amberlite. Methods for producing the films are also disclosed. For example, an antitussive film was prepd. in accordance with the following procedure: (A) uncoated dextromethorphan hydrobromide was dissolved with mixing in the water, while maintaining the temp. at 75.degree., Amberlite resin was then mixed into the water with heating at 70-80.degree., and heating was stopped, water lost to evapn. was replaced, and the potassium sorbate and sweeteners were then added to the compn. with mixing to form Prepn. A. (B) The film-forming ingredients (i.e., xanthan gum, locust bean gum, carrageenan and pullulan) were mixed in a sep. container to form Prepn. B. (C) Prepn. B was slowly added to Prepn. A with rapid mixing, followed by overnight mixing at a reduced rate to provide Prepn. C. (D) The menthol was dissolved with mixing in the alc. in a sep. container. The Physcool was then dissolved with mixing therein. Monoammonium glycyrrhizinate, Polysorbate 80, Atmos 300 and flavors were then added to the mixt. and mixed to enhanced uniformity to form Prepn. D. (E) Prepn. D, glycerin and mannitol were added to Prepn. C with thorough mixing to provide Prepn. E. Prepn. E was poured on a mold and cast to form a film

L4 ANSWER 7 OF 11 CA COPYRIGHT 2004 ACS on STN (Continued)
of a desired thickness at room temp. The film was dried under warm air and cut to a desired dimension (dictated by, e.g., dosage and mouthfeel) for taste testing. The active film had a pleasing appearance and taste.
IT **103577-45-3**, Lansoprazole
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(fast dissolving orally consumable films contg. ion exchange resin as taste masking agent)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



REFERENCE COUNT: 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE

FORMAT

L4 ANSWER 8 OF 11 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 134:362292 CA
TITLE: Methods of determining individual hypersensitivity to a pharmaceutical agent from gene expression profile
INVENTOR(S): Farr, Spencer
PATENT ASSIGNEE(S): Phase-1 Molecular Toxicology, USA
SOURCE: PCT Int. Appl., 222 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

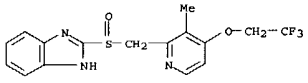
PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001032928	A2	20010510	WO 2000-US30474	20001103
WO 2001032928	A3	20020725		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRIORITY APPLN. INFO.: US 1999-165398P P 19991105
US 2000-196571P P 20000411

AB The invention discloses methods, gene databases, gene arrays, protein arrays, and devices that may be used to det. the hypersensitivity of individuals to a given agent, such as drug or other chem., in order to prevent toxic side effects. In one embodiment, methods of identifying hypersensitivity in a subject by obtaining a gene expression profile of multiple genes assocd. with hypersensitivity of the subject suspected to be hypersensitive, and identifying in the gene expression profile of the subject a pattern of gene expression of the genes assocd. with hypersensitivity are disclosed. The gene expression profile of the subject may be compared with the gene expression profile of a normal individual and a hypersensitive individual. The gene expression profile of the subject that is obtained may comprise a profile of levels of mRNA or cDNA. The gene expression profile may be obtained by using an array of nucleic acid probes for the plurality of genes assocd. with hypersensitivity. The expression of the genes predetd. to be assocd. with hypersensitivity is directly related to prevention or repair of toxic damage at the tissue, organ or system level. Gene databases arrays and app. useful for identifying hypersensitivity in a subject are also disclosed.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)
(methods of detg. individual hypersensitivity to a pharmaceutical agent

L4 ANSWER 8 OF 11 CA COPYRIGHT 2004 ACS on STN (Continued)
from gene expression profile)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



L4 ANSWER 9 OF 11 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 132:325917 CA
TITLE: Sorption/desorption study of PP/K-10 ethanol and ethanol-water solvate with DVS
AUTHOR(S): Gartner, A.; Pavli, V.; Vrecer, F.
CORPORATE SOURCE: R & D Div., KRKA, Novo mesto, 8501, Slovenia
SOURCE: Farmacevtski Vestnik (Ljubljana) (1999), 50(Pos. Stev.), 345-346
CODEN: FMVTAV, ISSN: 0014-8229
PUBLISHER: Slovensko Farmacevtsko Drustvo
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The results of DVS (Dynamic Vapor Sorption) study of the sorption/desorption properties of two PP/K-10 (2-{[[2(1H)-benzimidazolyl]sulfinyl]methyl}3-methyl-4-(2,2,2-trifluoroethoxy)pyridine) solvates, i.e. ethanolate and ethanolate-**hydrate**, are presented and the possible mechanism of water sorption and desorption of both solvates is discussed. In the structure of both desolvated products, mols. of the solvent are trapped in the structure of the crystals. Water with higher activity began supplanting the solvent mols. in the structure and total mass was decreasing. In the sec. cycle this phenomenon disappeared and both products showed nearly the same isotherms. The resemblance of sorption/desorption behavior of both solvates was attributed to the similarity in structure of both solvates and likeness of the sorption and desorption mechanisms. The similarity of structures was confirmed by x-ray diffraction, DSC and TG anal.
IT **266306-09-6**, PP/K-10 ethanolate **hydrate**
RL: PRP (Properties); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(sorption/desorption of solvates of benzimidazole deriv. PP/K-10)
RN 266306-09-6 CA
CN Ethanol, compd. with 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]-1H-benzimidazole, hydrate (9CI) (CA INDEX NAME)

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CRN 103577-45-3
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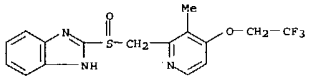


CM 2

CRN 64-17-5
CMF C2 H6 O

H_3C-CH_2-OH

L4 ANSWER 9 OF 11 CA COPYRIGHT 2004 ACS on STN (Continued)

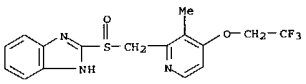
L4 ANSWER 10 OF 11 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 132:255811 CA
TITLE: Fast dissolving orally consumable films
INVENTOR(S): Leung, Sau-Hung Spence; Leone, Robert S.; Kumar, Lori Dee; Kulkarni, Neema; Sorg, Albert F.
PATENT ASSIGNEE(S): Warner-Lambert Company, USA
SOURCE: PCT Int. Appl., 54 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 3
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2000018365	A2	20000406	WO 1999-US22115	19990923
WO 2000018365	A3	20001116		
W: AE, AL, AU, BA, BB, BG, BR, CA, CN, CR, CU, CZ, DM, EE, GD, GE, HR, HU, ID, IL, IN, IS, JP, KP, KR, LC, LK, LR, LT, LV, MG, MK, MN, MX, NO, NZ, PL, RO, SG, SI, SK, SL, TR, TT, TZ, UA, UZ, VN, YU, ZA, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
CA 2339353	AA	20000406	CA 1999-2339353	19990923
AU 9960593	A1	20000417	AU 1999-60593	19990923
AU 771862	B2	20040401		
EP 1115372	A2	20010718	EP 1999-969668	19990923
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
JP 2002525306	T2	20020813	JP 2000-571886	19990923
EE 200100186	A	20020815	EE 2001-186	19990923
ZA 2001001706	A	20030528	ZA 2001-1706	20010228
NO 2001001476	A	20010322	NO 2001-1476	20010322

PRIORITY APPLN. INFO.:
US 1998-101798P P 19980925
WO 1999-US22115 W 19990923

AB Physiol. acceptable films, including edible films, are disclosed. The films include a water sol. film-forming polymer such as pullulan. Edible films are disclosed that include pullulan and antimicrobially effective amts. of the essential oils thymol, Me salicylate, eucalyptol and menthol.
The edible films are effective at killing the plaque-producing germs that cause dental plaque, gingivitis and bad breath. The film can also contain
pharmaceutically active agents. Methods for producing the films are also disclosed.
IT **103577-45-3**, Lansoprazole
RL: BUU (Biological use, unclassified); MOA (Modifier or additive use); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(fast dissolving orally consumable films for killing plaque-producing germs)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

L4 ANSWER 10 OF 11 CA COPYRIGHT 2004 ACS on STN (Continued)



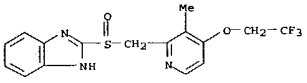
L4 ANSWER 11 OF 11 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 131:332110 CA
TITLE: Treatment of celiac disease
INVENTOR(S): Sjoatrom, Hans; Noren, Ove
PATENT ASSIGNEE(S): Kobenhavns Universitet, Den.
SOURCE: PCT Int. Appl., 79 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9956698	A2	19991111	WO 1999-DK255	19990506
WO 9956698	A3	19991229		
W: AE, AL, AM, AT, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, CZ, DE, DE, DK, DK, EE, EE, ES, FI, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
EP 1075267	A2	20010214	EP 1999-917810	19990506
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				

PRIORITY APPLN. INFO.:
DK 1998-621 A 19980506
US 1998-91545P P 19980701
WO 1999-DK255 W 19990506

AB The present invention relates to a method of treating celiac disease comprising interfering with the deamidation of at least one glutamine residue in a gliadin or glutenin mol. This may be provided by prohibiting
or interfering with the deamidation of at least one glutamine residue by derivation of at least one glutamine residue in a gliadin or glutenin mol.
in wheat flour by a chem. or enzymic deamidation of gluten followed by chem. or enzymic derivation of the generated carboxyl group(s). In a further aspect, the invention relates to a method of interfering with the deamidation of at least one glutamine residue in a gliadin or glutenin mol. and thereby treating celiac disease, the method comprising administering, to a patient having or suspected of having celiac disease, at least one of the following substances: (a) a substance which is capable
of increasing the pH in the gastroduodenal tract of a subject, e.g. an antacidum, an anticholinergic agent, H2-receptor antagonists or a proton pump inhibitor, (b) a substance which is capable of eliminating deamidating bacteria in the gastroduodenal tract of a subject, e.g. an antibiotic or antimicrobial agent, and/or (c) a substance which is capable
of interfering with the effect of at least one deamidating enzyme in the gastroduodenal tract of a subject.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological

L4 ANSWER 11 OF 11 CA COPYRIGHT 2004 ACS on STN (Continued)
study, unclassified); THU (Therapeutic use); BIOL (Biological study);
USES
(Uses)
(proton pump inhibitor, celiac disease treatment with; treatment of celiac disease by interfering with deamidation of glutamine residue of gliadins or glutenins in wheat flour)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



10/655,114

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L9 ANSWER 1 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 137:389223 CA
TITLE: Benzimidazole proton pump inhibitor dosage forms
INVENTOR(S): Phillips, Jeffrey Owen
PATENT ASSIGNEE(S): The Curators of the University of Missouri, USA
SOURCE: U.S., 31 pp., Cont.-in-part of U.S. Ser. No. 183,422, abandoned.
CODEN: USXXAM
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 6
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 6489346	B1	20021203	US 2000-481207	20000111
US 5840737	A	19981124	US 1996-680376	19960715
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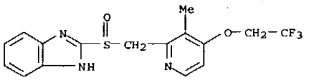
WO 2001051050	A1	20010719	WO 2001-US796	20010110
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
AU 2001032767	A5	20010724	AU 2001-32767	20010110
EP 1246622	A1	20021009	EP 2001-904818	20010110
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
BR 2001007565	A	20030211	BR 2001-7565	20010110
JP 2003519656	T2	20030624	JP 2001-551474	20010110
EP 1430895	A1	20040623	EP 2004-3380	20010110
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI, CY, TR				
US 2002045646	A1	20020418	US 2001-901942	20010709
US 6645988	B2	20031111		
US 2003191159	A1	20031009	US 2002-54350	20020119
US 6699885	B2	20040302		
US 2003118669	A1	20030626	US 2002-68437	20020205
NO 2002003313	A	20020830	NO 2002-3313	20020709
ZA 2002005512	A	20040210	ZA 2002-5512	20020710
US 2003144306	A1	20030731	US 2002-260132	20020930
US 6780882	B2	20040824		
US 2003215527	A1	20031120	US 2003-407552	20030404
US 2004048896	A1	20040311	US 2003-418410	20030418
US 2004058018	A1	20040325	US 2003-641732	20030815
US 2004171646	A1	20040902	US 2003-722184	20031125

PRIORITY APPLN. INFO.: US 1996-9608P P 19960104
US 1996-680376 A2 19960715
US 1998-183422 B2 19981030

L9 ANSWER 1 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)

US 2000-481207	A	20000111
EP 2001-904818	A3	20010110
WO 2001-US796	W	20010110
US 2001-901942	A1	20010709
US 2002-54350	A1	20020119
US 2002-68437	B1	20020205
US 2002-260132	A1	20020930

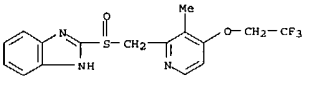
AB There is provided a solid pharmaceutical compn. in a dosage form that is not enteric-coated, having active ingredients including a non-enteric coated proton pump inhibitor and at least one buffering agent. The proton pump inhibitor is omeprazole, lansoprazole, rabeprazole, esomeprazole, pantoprazole, pariprazole, and leminoprazole, or an enantiomer, isomer, deriv., free base, or salt thereof, in an amt. of approx. 5 mg to approx. 300 mg, and the buffering agent is in an amt. of approx. 0.1 mEq to approx. 2.5 mEq/mg proton pump inhibitor. The dosage form includes a suspension tablet, a chewable tablet, an effervescent powder, or an effervescent tablet. Also provided is a method for treating an acid-related gastrointestinal disorder in a subject by administering to the subject a solid pharmaceutical compn. Thus, a tablet formulation contained omeprazole 10, calcium lactate 175, calcium glycerophosphate 175, sodium bicarbonate 250, aspartame calcium (phenylalanine) 0.5, colloidal silicon dioxide 12, corn starch 15, Croscarmellose sodium 12, dextrose 10, peppermint 3, maltodextrin 3, mannitol 3, and pregelatinized starch 3 mg.
IT **103577-45-3**, Lansoprazole
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(benzimidazole proton pump inhibitor dosage forms)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



REFERENCE COUNT: 420 THERE ARE 420 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

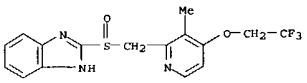
L9 ANSWER 2 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 130:232272 CA
TITLE: Comparison of the effect of lansoprazole and omeprazole on intragastric acidity and gastro-esophageal reflux in patients with gastro-esophageal reflux disease
AUTHOR(S): Janczewska, I.; Sagar, M.; Sjostedt, S.; Hammarlund, B.; Iwarzon, M.; Seensalu, R.
CORPORATE SOURCE: Dept. of Gastroenterology and Hepatology, Huddinge University Hospital, Huddinge, S-141 86, Swed.
SOURCE: Scandinavian Journal of Gastroenterology (**1998**), 33(12), 1239-1243
CODEN: SJGRA4; ISSN: 0036-5521
PUBLISHER: Scandinavian University Press
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Lansoprazole (LAN) and omeprazole (OME) heal **esophagitis** effectively and to similar extents, but LAN has a faster effect on the relief of symptoms of gastro-esophageal reflux. However, no strict comparison of the two proton pump inhibitors' effect on acid reflux and gastric acidity has been published. The aim of this study was to compare the effects of LAN and OME on gastro-esophageal reflux with simultaneous measurements of gastric acidity in patients with established gastro-esophageal reflux disease (GERD) and **esophagitis**. Fourteen patients with endoscopically verified erosive **esophagitis** and with a pretreatment esophageal 24-h pH measurement showing acid reflux to the esophagus participated in the study. This was a double-blind, randomized study with crossover design. Before (day 0) and on the last day (day 5) of each treatment period with encapsulated 30 mg LAN or 20 mg OME daily, 24-h intraesophageal and intragastric acidity were measured with antimony electrodes connected to an ambulatory pH recording system. Ten of 14 patients completed the study. There were no differences in intragastric or intraesophageal acidity or the no. of reflux episodes on day 0 between the two treatments. Both LAN and OME treatments increased the median and nocturnal intragastric pH and decreased the 24-h area under the time curve for intragastric acidity significantly and to about the same extent (79% and 69% acid inhibition by LAN and OME, resp.) (NS). However, the percentage of time with pH below 4 in the esophagus was significantly less during LAN treatment (1.92% .+-. 2.29; mean .+-. std. deviation) than during OME treatment (4.76% .+-. 2.88%) on day 5 (P = 0.002). There were also significantly fewer reflux episodes >5 min during treatment with LAN (1.00 .+-. 1.33) than with OME (2.90 .+-. 2.42) at the end of the treatment period (P = 0.031). In this study lansoprazole and omeprazole had a comparable effect on gastric acidity in patients with established GERD with **esophagitis**. However, 30 mg lansoprazole daily reduced the acidity in the esophagus and the no. of refluxes more effectively than 20 mg omeprazole daily. This might indicate that proton pump inhibitors affect the esophageal clearance and/or influence the lower esophageal sphincter differently.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(effect of lansoprazole and omeprazole on intragastric acidity and

L9 ANSWER 2 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)
gastro-esophageal reflux in patients with gastro-esophageal reflux disease)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



REFERENCE COUNT: 20 THERE ARE 20 CITED REFERENCES AVAILABLE FOR THIS
RECORD. ALL CITATIONS AVAILABLE IN THE RE
FORMAT

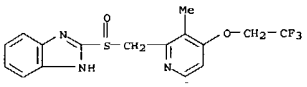
L9 ANSWER 3 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 130:119365 CA
TITLE: Lansoprazole and omeprazole in the prevention of relapse of reflux **esophagitis**: a long-term comparative study
AUTHOR(S): Carling, L.; Axelsson, C. K.; Forssell, H.; Stubberod, A.; Kraglund, K.; Bonnevie, O.; Ekstrom, P.
CORPORATE SOURCE: Department of Medicine, Bollnas Hospital, Bollnas, 821 81, Swed.
SOURCE: Alimentary Pharmacology and Therapeutics (**1998**), 12(10), 985-990
CODEN: APTHEN; ISSN: 0269-2813
PUBLISHER: Blackwell Science Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Continuous treatment with either 30 mg lansoprazole or 20 mg omeprazole was equally effective in preventing the relapse of **esophagitis** over a 48-wk period in a majority of patients. Both treatments exhibited a similar side-effect profile.
IT **103577-45-3**, Lansoprazole
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(reflux **esophagitis** of humans relapse prevention by omeprazole vs.)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



REFERENCE COUNT: 8 THERE ARE 8 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE
FORMAT

L9 ANSWER 4 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 130:20441 CA
TITLE: A placebo-controlled dose-ranging study of lansoprazole in the management of reflux **esophagitis**
AUTHOR(S): Earnest, David L.; Dorsch, Ernst; Jones, James; Jennings, Dennis E.; Greski-Rose, Pamela A.
CORPORATE SOURCE: University of Arizona Health Sciences Center, Tucson, AZ, USA
SOURCE: American Journal of Gastroenterology (**1998**), 93(2), 238-243
CODEN: AJGAAR; ISSN: 0002-9270
PUBLISHER: Elsevier Science Inc.
DOCUMENT TYPE: Journal
LANGUAGE: English
AB We compared the efficacy of three different doses of the proton pump inhibitor lansoprazole in the management of reflux **esophagitis**. Two hundred ninety-two patients with endoscopically confirmed reflux **esophagitis** were enrolled in a double-blind, multicenter study and were randomized to lansoprazole 15, 30, or 60 mg or placebo administered once daily for 8 wk. Healing rates after 4 wk of lansoprazole 15, 30, and 60 mg/d were 67.6%, 81.3%, and 80.6%, resp. These were all significantly superior ($p < 0.001$) to placebo, which produced endoscopic healing in only 32.8% of the patients after 4 wk. The 4-wk healing rates with lansoprazole 30 or 60 mg were significantly higher than that with lansoprazole 15 mg ($p < 0.05$), confirming a dose-response effect. Cumulative healing rates after 8 wk of treatment were 52.5% with placebo and 90.0%, 95.4%, and 94.4% with lansoprazole 15, 30, and 60 mg, resp. ($p < 0.001$ for all doses of lansoprazole vs placebo). Lansoprazole was also significantly superior to placebo in relieving symptoms in patients with reflux **esophagitis**. Lansoprazole was well tolerated, and no serious treatment-related adverse events were encountered. Up to 3 mo after discontinuation of treatment, all lansoprazole-treated groups had more patients free of endoscopic evidence of **esophagitis** than the group treated with placebo. Lansoprazole was safe and effective for the treatment of reflux **esophagitis** in this trial. This study indicates that the optimum daily dose of lansoprazole for reflux **esophagitis** is 30 mg.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)
(placebo-controlled dose-ranging study of lansoprazole in the management of reflux **esophagitis**)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

L9 ANSWER 4 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)



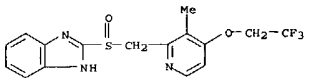
REFERENCE COUNT: 20 THERE ARE 20 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE
FORMAT

L9 ANSWER 5 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 129:49664 CA
TITLE: Compositions and methods for the treatment of gastrointestinal disorders comprising proton pump inhibitors and antacid rafting agent
INVENTOR(S): Mitra, Sekhar
PATENT ASSIGNEE(S): Procter & Gamble Company, USA
SOURCE: PCT Int. Appl., 17 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9823272	A1	19980604	WO 1997-US21152	19971119
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
AU 9854467	A1	19980622	AU 1998-54467	19971119
JP 2001509791	T2	20010724	JP 1998-524726	19971119
PRIORITY APPLN. INFO.:			US 1996-753661 A	19961127
			WO 1997-US21152 W	19971119

AB Methods and compns. for treating one or more gastrointestinal disorders comprising a therapeutically effective amt. of a proton pump inhibitor and a therapeutically effective amt. of an antacid rafting agent (a combination of .gtoreq.1 antacid agents and .gtoreq.1 alginate compd. wherein, after ingestion, the antacid floats on the stomach contents). A 50 yr old man suffering from chronic active gastritis and peptic ulcer disease was orally administered .apprx.80 mg of lansoprazole daily and 2 teaspoonfuls of Gaviscon in four equal daily doses (which delivers .apprx.1016 mg of aluminum hydroxide and 950 mg of magnesium carbonate/day) for 56 days. The patient was symptom-free and showed no evidence of gastrointestinal disease after the treatment period.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(compns. and methods for treatment of gastrointestinal disorders comprising proton pump inhibitors and antacid rafting agent)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

L9 ANSWER 5 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)



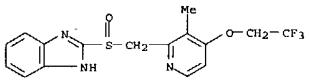
REFERENCE COUNT: 14 THERE ARE 14 CITED REFERENCES AVAILABLE FOR THIS
RECORD. ALL CITATIONS AVAILABLE IN THE RE
FORMAT

L9 ANSWER 6 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 128:255641 CA
TITLE: Volatile N-nitrosamines in gastric juice of patients with various conditions of the gastrointestinal tract determined by gas chromatography-mass spectrometry and related to intragastric pH and nitrate and nitrite levels
AUTHOR(S): Dallinga, J. W.; Pachen, D. M. F. A.; Lousberg, A. H. P.; van Geel, J. A. M.; Houben, G. M. P.; Stockbrugger, R. W.; van Maanen, J. M. S.; Kleinjans, J. C. S.
CORPORATE SOURCE: Dep. Health Risk Analysis & Toxicology, Fac. Health Sci., Maastricht Univ., Maastricht, 6200 MD, Neth.
SOURCE: Cancer Letters (Shannon, Ireland) (**1998**), 124(2), 119-125
CODEN: CALEDQ; ISSN: 0304-3835
PUBLISHER: Elsevier Science Ireland Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Gastric juice samples of 71 patients undergoing upper gastrointestinal endoscopy were collected as well as saliva samples from 40 of these patients. Age, sex, endoscopic diagnosis, and medication were recorded. The gastric juice samples were analyzed for the presence and quantity of individual volatile N-nitrosamines, which were detected by gas chromatog.-mass spectrometry, without prior derivatization. The samples were screened for eight nitrosamines, i.e., N-nitrosodimethylamine, N-nitrosoethylmethylamine, N-nitrosodiethylamine, N-nitrosodi-n-propylamine, N-nitrosodi-n-butylamine, N-nitroso-pyrrolidine, N-nitrosopiperidine, and N-nitrosomorpholine. The pH of the fresh gastric juice as well as nitrate and nitrite levels of gastric juice and saliva were detd. The mean total level of volatile N-nitrosamines in gastric juice was 4.84 nmol/l (range 0-17.7 nmol/l). The main N-nitrosamines found were N-nitrosodiethylamine (mean concn. 3.1 nmol/l), N-nitrosodimethylamine (mean concn. 0.90 nmol/l) and N-nitrosopyrrolidine (mean concn. 0.38 nmol/l). Significant correlations between mean intragastric pH values and mean N-nitrosodi-n-butylamine level and total volatile N-nitrosamine contents were obsd.

IT **103577-45-3**, Lansoprazole
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(volatile N-nitrosamines in gastric juice of humans with gastrointestinal tract conditions as detd. by gas chromatog.-mass spectrometry and related to intragastric pH and nitrate and nitrite levels)

RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



L9 ANSWER 6 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)

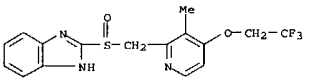
REFERENCE COUNT: 42 THERE ARE 42 CITED REFERENCES AVAILABLE FOR THIS
RECORD. ALL CITATIONS AVAILABLE IN THE RE
FORMAT

L9 ANSWER 7 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 128:213082 CA
TITLE: A comparison of omeprazole, lansoprazole and pantoprazole in the maintenance treatment of severe reflux **esophagitis**
AUTHOR(S): Jaspersen, D.; Diehl, K. -L.; Schoeppner, H.; Geyer, P.; Martens, E.
CORPORATE SOURCE: Department of Gastroenterology, Academic Hospital Fulda, Fulda, D-36043, Germany
SOURCE: Alimentary Pharmacology and Therapeutics (**1998**), 12(1), 49-52
CODEN: APTHEN; ISSN: 0269-2813
PUBLISHER: Blackwell Science Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Proton pump inhibitors are effective for the healing of **esophagitis**. Std. doses of omeprazole, lansoprazole or pantoprazole are sufficient for healing in mild to moderate cases of **esophagitis**. To compare the efficacy of double the std. doses of omeprazole, lansoprazole or pantoprazole for maintenance treatment of severe **esophagitis** complicated by a stricture. Thirty-six patients with reflux **esophagitis** and stricture confirmed by endoscopy were included in a prospective study comparing three maintenance therapies. In all cases weekly dilatation of the stenosis was performed and patients were treated with omeprazole 20 mg b.d. until healing of **esophagitis** and dysphagia relief were achieved. Thirty participants responded to therapy and were then randomly assigned to 4 wk of maintenance treatment with omeprazole (20 mg b.d.; n = 10), lansoprazole (30 mg b.d.; n = 10) or pantoprazole (40 mg b.d.; n = 10). Subsequently, endoscopies were performed-the endoscopists were blinded to the therapy assignment. The endpoints were defined as the absence of **esophagitis**, esophageal stricture and complaints. After 4 wk of treatment, the no. of patients remaining in remission (no **esophagitis** or stricture and no symptoms) was nine out of 10 (90%) in the omeprazole group, two out of 10 (20%) in the lansoprazole group ($P < 0.01$) and three out of 10 (30%) in the pantoprazole group ($P < 0.01$). In our study omeprazole was superior to either lansoprazole or pantoprazole in the maintenance treatment of complicated gastro-esophageal reflux disease.

IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(omeprazole vs. lansoprazole vs. pantoprazole maintenance treatment of severe reflux **esophagitis** in humans)

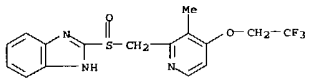
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



L9 ANSWER 7 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)

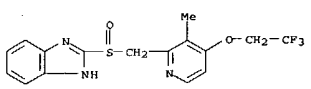
REFERENCE COUNT: 21 THERE ARE 21 CITED REFERENCES AVAILABLE FOR THIS
RECORD. ALL CITATIONS AVAILABLE IN THE RE
FORMAT

L9 ANSWER 8 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 128:188502 CA
TITLE: Efficacy of lansoprazole in the short- and long-term treatment of gastroesophageal reflux disease: a systematic overview
AUTHOR(S): Manzionna, G.; Pace, F.; Porro, G. Bianchi
CORPORATE SOURCE: Divisione Gastroenterologia, Ospedale Azienda, Polo Universitario 'L. Sacco', Milan, Italy
SOURCE: Clinical Drug Investigation (**1997**), 14(6), 450-456
CODEN: CDINFR; ISSN: 1173-2563
PUBLISHER: Adis International Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English
AB This work reports a retrospective overview of clin. studies, published in the English-language literature, regarding the treatment of reflux **esophagitis** with the newly developed proton pump inhibitor (PPI) lansoprazole, compared with other acid-suppressant drugs. Eleven studies were identified in the literature and included in the overview; of these, four studies compared lansoprazole with ranitidine, one with famotidine and four with the PPI omeprazole. Two studies focused exclusively on the comparison of different dosages of lansoprazole. This overview showed that, with regard to healing rate and symptomatic relief, lansoprazole was
superior to H2-receptor antagonists. Regarding healing rates and symptom response, lansoprazole was equal to omeprazole. The scarce data concerning long-term treatment indicated similar efficacy for the two PPIs. The tolerability of lansoprazole did not appear to be different from that of H2-receptor antagonists and omeprazole.
IT **103577-45-3**, Lansoprazole
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(gastroesophageal reflux disease of humans treatment by)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



REFERENCE COUNT: 30 THERE ARE 30 CITED REFERENCES AVAILABLE FOR THIS
RECORD. ALL CITATIONS AVAILABLE IN THE RE
FORMAT

L9 ANSWER 9 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 128:176055 CA
TITLE: Helicobacter pylori gastritis and epithelial cell proliferation in patients with reflux **esophagitis** after treatment with lansoprazole
AUTHOR(S): Berstad, A. E.; Hatlebakk, J. G.; Maartmann-Moe, H.; Berstad, A.; Bradtzaeg, P.
CORPORATE SOURCE: Lab. Immunohistochemistry Immunopathol. (LIIPAT), Inst. Pathol., Univ. Oslo, The Natl. Hosp., Oslo, N-0027, Norway
SOURCE: Gut (**1997**), 41(6), 740-747
CODEN: GUTTAK; ISSN: 0017-5749
PUBLISHER: BMJ Publishing Group
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Helicobacter pylori gastritis may spread proximally in the stomach during profound acid inhibition. Our objective was to examine histol. gastric body changes and epithelial cell proliferation before and after treatment with lansoprazole. Patients diagnosed as having reflux **esophagitis** grade 1 or 2 were enrolled and treated for 12 wk with lansoprazole (30 mg every morning). After 12 wk, 103 of the 118 patients appeared endoscopically healed and were asymptomatic; they then received maintenance treatment with 15 or 30 mg lansoprazole daily. Biopsy specimens obtained from similar sites before and after treatment, were available from 90 patients after a median of 64 wk (range 15-73 wk). Epithelial cell proliferation was detd. by the no. of Ki-67 antigen pos. cells per gland. Results-Of these 90 patients, 44 (49%) were found to be infected with H pylori. Their median inflammation score had increased from grade 1 before to grade 2 after treatment ($p<0.0001$). Initially, the
no. of Ki-67 antigen pos. cells per gland was significantly higher in the H pylori infected than in the uninfected group and increased further after
treatment ($p<0.0001$). In uninfected patients, no significant change in inflammation or proliferation occurred during treatment. Conclusions-A marked increase in body gastritis was obsd. in H pylori infected individuals during long term treatment with the proton pump inhibitor lansoprazole. Epithelial cell proliferation and atrophy also increased in
infected but not in uninfected patients.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological
study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES
(Uses)
(Helicobacter pylori gastritis and epithelial cell proliferation in humans with reflux **esophagitis** after treatment with lansoprazole)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

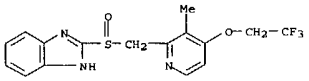


L9 ANSWER 9 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)

REFERENCE COUNT: 41 THERE ARE 41 CITED REFERENCES AVAILABLE FOR THIS
RECORD. ALL CITATIONS AVAILABLE IN THE RE
FORMAT

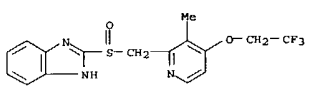
L9 ANSWER 10 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 128:136347 CA
TITLE: Prognostic factors for relapse of reflux **esophagitis** and symptoms during 12 months of therapy with lansoprazole
AUTHOR(S): Hatlebakk, J. G.; Berstad, A.
CORPORATE SOURCE: Div. Gastroenterology, Med. Dep. A, Haukeland Hospital, Univ. Bergen, Norway
SOURCE: Alimentary Pharmacology and Therapeutics (**1997**), 11(6), 1093-1099
CODEN: APTHEN; ISSN: 0269-2813
PUBLISHER: Blackwell Science Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English
AB The value of clin. data and of data from ancillary basal investigations in predicting the outcome of maintenance therapy with a proton pump inhibitor was assessed. After healing and symptom relief had been obtained on open therapy with lansoprazole at 30 mg daily, patients with reflux **esophagitis** grade 1 or 2 were randomized to maintenance therapy with lansoprazole at 15 or 30 mg daily, and time until recurrence of symptoms and/or endoscopic changes was recorded. The predictive value of the following variables was assessed by Cox regression anal.: dose of lansoprazole, symptom severity, grade of reflux **esophagitis**, Helicobacter pylori infection status, lower esophageal sphincter resting tone, percentage of a 24-h period with an esophageal pH of <4.0, and median 24-h intragastric pH before start of treatment. The dose of lansoprazole and symptom severity both significantly predicted time to relapse. Grade of reflux **esophagitis** had only a borderline predictive value, while H. pylori infection status and data from manometry and intraesophageal 24-h pH-metry did not predict relapse. It is concluded that symptom severity before starting therapy is a significant predictive factor for treatment success during potent antisecretory therapy with lansoprazole, more so than endoscopic grade of reflux **esophagitis**. In a group of patients with uncomplicated reflux **esophagitis** being considered for maintenance therapy with lansoprazole, ancillary investigations with endoscopy, manometry and 24-h pH-metry gave very limited prognostic information. H. pylori-infected patients relapsed as early as patients who were not infected.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES
(Uses)
(prognostic factors for relapse of reflux **esophagitis** and symptoms during therapy with)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

L9 ANSWER 10 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)



REFERENCE COUNT: 29 THERE ARE 29 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 11 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 128:70607 CA
TITLE: Effect of lansoprazole and rabeprazole (E-3810) on gastric acid secretion and experimental ulcers in rats
AUTHOR(S): Inatomi, Nobuhiro; Murakami, Izumi; Asano, Shoichi; Sato, Hiroshi
CORPORATE SOURCE: Pharmaceutical Research Laboratories III, Takeda Chemical Industries, Ltd., Japan
SOURCE: Yakuri to Chiryo (**1997**), 25(10), 2445-2455
CODEN: YACHDS; ISSN: 0386-3603
PUBLISHER: Raifu Saiensu Shuppan K.K.
DOCUMENT TYPE: Journal
LANGUAGE: Japanese
AB The antisecretory and antiulcer activities of two proton pump inhibitors, lansoprazole and rabeprazole (E-3810), were compared in rats. Lansoprazole inhibited basal, histamine- and 2-deoxy-D-glucose-stimulated acid secretion in a dose-dependent manner; ID50 values were 2.9, 0.9 and 4.3 mg/kg, i.d., resp. Lansoprazole was about 1.8-3.4 times as potent as rabeprazole in inhibiting these acid secretions. Lansoprazole given s.c. in doses of 10 and 30 mg/kg, but not rabeprazole, showed long-lasting (>48 h) antisecretory action, and this seemed to be brought about by the remained lansoprazole in injected area, because such long-lasting effect was not obsd. when lansoprazole was administered orally or i.v. Lansoprazole in a dose of 10 mg/kg, p.o. was slightly longer lasting than 40 mg/kg, p.o. of rabeprazole against histamine-stimulated acid secretion. Lansoprazole markedly inhibited reflux **esophagitis**, gastric mucosal lesions induced by water-immersion stress, indomethacin, ethanol and acidified taurocholate, and cysteamine-induced duodenal ulcers; the ID50 values were 2.0, 6.1, 2.3, 2.3, 13.6, 3.6 and 0.7 mg/kg, resp. Rabeprazole was slightly more potent than lansoprazole in inhibiting ethanol-induced gastric mucosal lesions, but was 1/12-1/2 as potent as lansoprazole in inhibiting these lesions and ulcers. Rabeprazole was less than 1/3 as potent as lansoprazole in accelerating the healing of acetic acid-induced gastric ulcers. The results of this study indicate that lansoprazole has more potent and longer-lasting antisecretory and antiulcer activities than rabeprazole.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES
(Uses)
(effect of lansoprazole and rabeprazole (E-3810) on gastric acid secretion and exptl. ulcers in rats)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



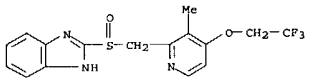
L9 ANSWER 11 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)

L9 ANSWER 12 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 128:246 CA
TITLE: A prospective follow-up study of 5669 users of lansoprazole in daily practice
AUTHOR(S): Leufkens, H.; Claessens, A.; Heerdink, E.; Van Eijk, J.; Lamers, C. B. H. W.
CORPORATE SOURCE: Department of Pharmacoepidemiology and Pharmacotherapy, Utrecht Institute for Pharmaceutical Sciences (UIPS), Utrecht, 3508 TB, Neth.
SOURCE: Alimentary Pharmacology and Therapeutics (**1997**), 11(5), 887-897
CODEN: APTHEN; ISSN: 0269-2813
PUBLISHER: Blackwell
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Immediately after the introduction of the proton pump inhibitor lansoprazole, a 2-yr follow-up study was started to evaluate patterns of use, safety and effectiveness of this drug in naturally occurring groups of patients in the Netherlands. Medical data were recorded by participating physicians while medication listings were provided by pharmacists. The study was designed according to the Safety Assessment of Marketed Medicines guidelines. The only inclusion criterion was the use of lansoprazole prior to entry into the study. A total of 5669 lansoprazole users was included by 374 general practitioners and 117 specialists. Lansoprazole was mostly prescribed in patients with reflux **esophagitis** (55.1%), "gastritis" (26.8%) and duodenal ulcers (11.4%), sometimes as part of a Helicobacter pylori eradication therapy (8.5%). For their complaints most patients (91.1%) had previously used acid-related drugs. Improvement or disappearance of complaints was achieved in 88.9% and 90.5% of patients after 4 and 8 wk of treatment, resp. Diarrhoea (4.1%), headache (2.9%) and nausea (2.6%) were the most frequently reported adverse events. The patterns of use of lansoprazole in daily practice deviated from the recommendations in the information leaflet. Nevertheless, lansoprazole was found to be safe in this naturally occurring group of users. Effectiveness appeared to be comparable to results found in clin. trials of the registered indications for lansoprazole.

IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(study of 5669 humans using lansoprazole in daily practice)

RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



L9 ANSWER 12 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)

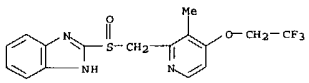
REFERENCE COUNT: 21 THERE ARE 21 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 13 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 127:326147 CA
TITLE: Effect of short-term treatment with lansoprazole, omeprazole, or ranitidine on gastric endocrine cells
AUTHOR(S): Hofner, G.; Stolte, M.
CORPORATE SOURCE: Inst. Pathologie, Klinikum Bayreuth, Bayreuth, D-95445, Germany
SOURCE: Verdauungskrankheiten (**1997**), 15(5), 217-220
CODEN: VERDEJ; ISSN: 0174-738X
PUBLISHER: Duetri-Verlag Dr. Karl Feistle
DOCUMENT TYPE: Journal
LANGUAGE: German

AB The influence of a 4-wk-treatment with lansoprazole, omeprazole, or ranitidine on the G-, D-, and enterochromaffin-like (ECL) cells of the stomach was investigated using biopsy specimens of duodenal ulcer and reflux **esophagitis** cases. Ranitidine decreased ECL cells.

IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(effect of short-term treatment on gastric endocrine cells)

RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

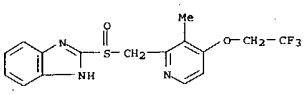


L9 ANSWER 14 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 127:242703 CA
TITLE: Lansoprazole. An update of its pharmacological properties and clinical efficacy in the management of acid-related disorders
AUTHOR(S): Langtry, Heather D.; Wilde, Michelle I.
CORPORATE SOURCE: Adis International Limited, Auckland, N. Z.
SOURCE: Drugs (**1997**), 54(3), 473-500
CODEN: DRUGAY; ISSN: 0012-6667
PUBLISHER: Adis
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

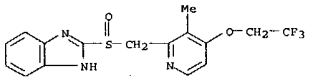
AB A review with 205 refs. Lansoprazole is a proton pump inhibitor that reduces gastric acid secretion. It has proved effective in combination regimens for the eradication of Helicobacter pylori and as monotherapy to heal and relieve symptoms of gastric or duodenal ulcers and gastro-esophageal reflux. After initial healing, it may be used to prevent recurrence of esophageal erosions or peptic ulcers in patients in whom H. pylori is not the major cause of ulceration and to reduce basal acid output in patients with **Zollinger**-Ellison syndrome. Usual dosages are 15 to 60 mg/day, although dosages of .ltoreq.180 mg/day have been used in patients with hypersecretory states. In patients with duodenal or gastric ulcer, short term lansoprazole monotherapy was similar to omeprazole and superior to histamine H2 receptor antagonists in achieving healing rates >90%. Lansoprazole was as effective a component of H. pylori eradication regimens as omeprazole, tripotassium dicitrato bismuthate (colloidal bismuth subcitrate) or ranitidine. Lansoprazole was superior to ranitidine in symptom relief and healing of gastro-esophageal reflux disease and tended to relieve symptoms more rapidly than omeprazole, although initial healing was similar. As maintenance treatment, lansoprazole was similar to omeprazole and superior to ranitidine in relieving symptoms and preventing relapse. Lansoprazole was also superior to ranitidine in healing and relieving symptoms of esophageal erosions assocd. with Barrett's esophagus; healing was maintained for a mean of 2.9 yr in .gtoreq.70% of patients. Lansoprazole was also superior to ranitidine in prophylaxis of redilatation of esophageal strictures. After .gtoreq.4 yr of use in patients with **Zollinger**-Ellison syndrome, lansoprazole 60 to 180 mg/day effectively controlled basal acid output. Dosages may be reduced in some patients once healing and symptom relief has been achieved. Preliminary studies of lansoprazole in patients at risk of aspiration pneumonia or stress ulcers show promise. Although studies show lansoprazole is potentially effective in treating gastrointestinal bleeding, future studies should assess patients' H. pylori status. Lansoprazole has been well tolerated in clin. trials, with headache, diarrhea, dizziness and nausea appearing to be the most common adverse effects. Tolerability of lansoprazole does not deteriorate with age and the drug is well tolerated in long term use (.ltoreq.4 yr) in patients with **Zollinger**-Ellison syndrome or reflux disease. Thus, lansoprazole is an important alternative to omeprazole and H2 receptor antagonists in acid-related disorders. In addn. to its efficacy in healing or maintenance treatment, it may provide more effective symptom relief than other comparator agents.

IT **103577-45-3**, Lansoprazole
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

L9 ANSWER 14 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)
(update of lansoprazole pharmacol. properties and clin. efficacy in the
management of acid-related disorders)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

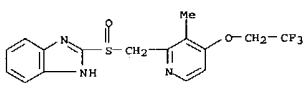


L9 ANSWER 15 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 127:44200 CA
TITLE: Optimizing the pharmacology of acid control in acid-related disorders
AUTHOR(S): Howden, Colin W.
CORPORATE SOURCE: Department of Internal Medicine, University of South Carolina School of Medicine, Columbia, SC, USA
SOURCE: American Journal of Gastroenterology (**1997**), 92(4, Suppl.), 17S-21S
CODEN: AJGAAR; ISSN: 0002-9270
PUBLISHER: Williams & Wilkins
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review with 20 refs. Clin. evidence supports the relation between acid suppression and healing of duodenal ulceration and reflux **esophagitis**. In contrast to H2-receptor antagonists which suppress acid secretion by inhibiting the initial stimulation of the parietal cell, proton pump inhibitors directly inhibit hydrogen ion secretion and can, therefore, better provide the degree and duration of intragastric pH elevation necessary for the optimal management of duodenal ulceration and reflux **esophagitis**. Clin. studies have shown that proton pump inhibitors, such as omeprazole and lansoprazole, provide more rapid healing and higher healing rates for both duodenal ulcers and reflux **esophagitis** than do H2-receptor antagonists.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES
(Uses)
(optimizing the pharmacol. of acid control in acid-related disorders)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



REFERENCE COUNT: 7 THERE ARE 7 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 16 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 126:338650 CA
TITLE: Normalization of esophageal pH with high-dose proton pump inhibitor therapy does not result in regression of Barrett's esophagus
AUTHOR(S): Sharma, Prateek; Sampliner, Richard E.; Camargo, Elizabeth
CORPORATE SOURCE: Gastroenterology Section, University of Arizona Health Sciences Center and VA Medical Center, Tucson, AZ, USA
SOURCE: American Journal of Gastroenterology (**1997**), 92(4), 582-585
CODEN: AJGAAR; ISSN: 0002-9270
PUBLISHER: Williams & Wilkins
DOCUMENT TYPE: Journal
LANGUAGE: English
AB The importance of esophageal acid control in the management of Barrett's esophagus is controversial. The objective of this study was to assess the impact of esophageal acid control on the symptoms of reflux disease, healing of erosive **esophagitis**, change in length of Barrett's epithelium, and the appearance of squamous islands. Thirteen of 27 patients on 60 mg lansoprazole underwent ambulatory 24 h esophageal pH monitoring while on therapy. Symptoms were recorded, and the length of Barrett's epithelium was measured, photographed, and biopsied every 6 mo over an av. of 5.7 yr. Eight of 13 patients had a normal 24 h pH (group I, mean pH < 4, 0.8%), five patients had abnormal results (group II, mean pH < 4, 10.6%). Symptoms improved in all patients, and there was complete healing of erosive **esophagitis** in all patients. An increase in the no. of squamous islands was noted in 62.5% of patients in group I and in 80% of patients in group II. The mean length of Barrett's epithelium at baseline and study completion in group I was 5.6 and 5.0 cm, resp. (mean decrease, 0.6 cm), and for group II was 4.2 and 4.2 cm, resp. (mean decrease, 0 cm). There was no significant difference in the change in length between the two groups (p = 0.494). Although symptoms improved, erosive **esophagitis** healed, and squamous islands increased, there was no significant decrease in the length of Barrett's esophagus. Control of esophageal pH alone is not sufficient for the reversal of Barrett's esophagus.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES
(Uses)
(normalization of esophageal pH with high-dose proton pump inhibitor therapy does not result in regression of Barrett's esophagus)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

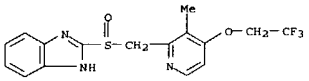


L9 ANSWER 16 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)

REFERENCE COUNT: 20 THERE ARE 20 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

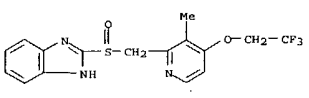
L9 ANSWER 17 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 126:338449 CA
TITLE: Lansoprazole 15 and 30 mg daily in maintaining healing and symptom relief in patients with reflux **esophagitis**
AUTHOR(S): Hatlebakk, J. G.; Berstad, A.
CORPORATE SOURCE: Division of Gastroenterology, Medical Department A, Haukeland Sykehus, University of Bergen, Bergen, N-5021, Norway
SOURCE: Alimentary Pharmacology and Therapeutics (**1997**), 11(2), 365-372
CODEN: APTHEN; ISSN: 0269-2813
PUBLISHER: Blackwell
DOCUMENT TYPE: Journal
LANGUAGE: English
AB In patients with reflux **esophagitis**, endoscopic healing and symptom relief are considered important treatment goals in long-term care.
The purpose of this study is to compare the effect of lansoprazole 15 and 30 mg daily on maintaining endoscopic healing and symptom relief in patients with moderate reflux **esophagitis**. In a single-center, double-blind randomized clin. trial, 103 patients with grade 1 or 2 reflux **esophagitis** who were endoscopically healed and asymptomatic after lansoprazole 30 mg daily for 12 wk, were randomized to maintenance therapy with either lansoprazole 15 mg or 30 mg o.m. Endoscopy was repeated after 3, 6 and 12 mo, and symptom relief assessed after 3, 6, 9 and 12 mo. Relapse of **esophagitis** or symptoms were considered end-points. After 12 mo, 14/50 patients (28%) receiving lansoprazole 15 mg daily had suffered an endoscopic relapse compared to 8/53 patients (15%) treated with lansoprazole 30 mg daily. A life table anal. showed no statistically significant difference between the two groups ($P = 0.086$). Significantly more patients were kept in complete symptomatic remission in the 30 mg group ($P < 0.01$). In the 15 mg group, 23/50 (46%) had suffered either an endoscopic or symptomatic relapse on completion of the study, compared to 12/53 (23%) in the 30 mg group. A life table anal. showed this difference to be statistically significant ($P = 0.010$). Lansoprazole 15 and 30 mg daily were equally well tolerated. No statistically significant differences were found in endoscopic relapse rate or occurrence of adverse events, while lansoprazole 30 mg proved superior to 15 mg in maintaining patients in symptomatic relief and combined endoscopic and symptomatic remission.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES
(Uses)
(lansoprazole 15 and 30 mg daily in maintaining healing and symptom relief in human patients with reflux **esophagitis**)

L9 ANSWER 17 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



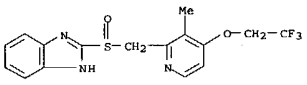
REFERENCE COUNT: 21 THERE ARE 21 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 18 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 126:287437 CA
TITLE: Lanzoprazole: a comprehensive review
AUTHOR(S): Zimmermann, Anthony E.; Katona, Brian G.
CORPORATE SOURCE: Department of Pharmacy Practice, Massachusetts College of Pharmacy/AHS, Boston, MA, USA
SOURCE: Pharmacotherapy (**1997**), 17(2), 308-326
CODEN: PHPYDQ; ISSN: 0277-0008
PUBLISHER: Pharmacotherapy Publications
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review with 184 refs. Lansoprazole is the second member of the substituted benzimidazole class of antisecretory agents approved for use in the United States. These drugs decrease parietal cell acid secretion by inhibiting H+,K+-ATPase, the final step in the secretion of acid. Lansoprazole has been studied extensively for the short-term treatment of duodenal and gastric ulcers, reflux **esophagitis**, and Helicobacter pylori-pos. peptic ulcer disease; long-term treatment of **Zollinger**-Ellison syndrome; and maintenance treatment of erosive **esophagitis**. A dosage of 30 mg/day produced higher healing rates and equiv. or faster relief of ulcer symptoms than ranitidine or famotidine in patients with duodenal or gastric ulcers and reflux **esophagitis**. Compared with omeprazole 20 mg/day, that dosage provided faster epigastric pain relief in these patients after 1 wk, although healing rates for the two agents were equiv. at 4 and 8 wk. In patients with peptic ulcer refractory to 8-wk therapy with histamine2-receptor antagonists, healing rates were not significantly different between lansoprazole and omeprazole. In patients with **Zollinger**-Ellison syndrome, lansoprazole was superior to histamine2-receptor antagonists and was similar in efficacy, safety, and duration of action to omeprazole. Combinations of lansoprazole or omeprazole with one or two antibiotics produced equiv. eradication of H. pylori. In clin. trials, lansoprazole was well tolerated, with frequency of adverse effects similar to that reported with ranitidine, famotidine, and omeprazole.
IT **103577-45-3**, Lansoprazole
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(comprehensive review of lansoprazole in humans)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



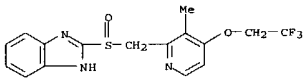
L9 ANSWER 19 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 126:258904 CA
TITLE: Lansoprazole heals erosive reflux **esophagitis** resistant to histamine H2-receptor antagonist therapy
AUTHOR(S): Sontag, Stephen J.; Kogut, David G.; Pleischmann, Roy; Campbell, Donald R.; Richter, Joel; Robinson, Malcolm; Mcfarland, Miles; Sabesin, Seymour; Lehman, Glen A.; Castell, Donald
CORPORATE SOURCE: Department of Medicine, Veterans Affairs Hospital, Hines, IL, USA
SOURCE: American Journal of Gastroenterology (**1997**), 92(3), 429-437
CODEN: AJGAAR; ISSN: 0002-9270
PUBLISHER: Williams & Wilkins
DOCUMENT TYPE: Journal
LANGUAGE: English
AB We conducted a randomized, double-blind, multicenter clin. trial to det. whether lansoprazole was superior to continued therapy with histamine H2-receptor antagonist therapy in healing erosive reflux **esophagitis**. Investigators from nine medical centers enrolled 159 patients with endoscopically documented esophageal erosions and/or ulcers that had failed to heal with 12 or more wk of at least std. dosages of histamine H2-receptor antagonist therapy. Patients received ranitidine 150 mg b.i.d. for 8 wk or lansoprazole 30 mg for 4 wk followed by either lansoprazole 30 mg or lansoprazole 60 mg for another 4 wk of treatment. Patients underwent endoscopy at screening and at weeks 2, 4, and 8. At 2, 4, and 8 wk of therapy, healing rates were significantly higher in the lansoprazole group compared with the ranitidine group ($p < 0.001$). By 8 wk, 84% of the lansoprazole group were healed as opposed to only 32% of the ranitidine group. Lansoprazole was superior to ranitidine in providing relief of upper abdominal burning and daytime heartburn ($p < 0.001$) and reducing the need for antacids ($p < 0.001$). Lansoprazole patients had less interference with sleep and less daytime drowsiness than ranitidine patients ($p = 0.05$). The percentages of patients with adverse events were similar in both groups. Fasting serum gastrin levels at weeks 4 and 8 were significantly higher in the lansoprazole group compared with the ranitidine group. Eight weeks of lansoprazole therapy is safe, superior to continued ranitidine therapy, and effective in healing more than 80% of patients with erosive reflux **esophagitis** previously resistant to histamine H2-receptor antagonist therapy.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES
(Uses)
(lansoprazole heals erosive reflux **esophagitis** resistant to histamine H2-receptor antagonist therapy in humans)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

L9 ANSWER 19 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)

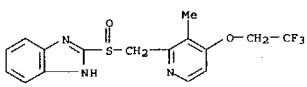


L9 ANSWER 20 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 126:220560 CA
TITLE: Lansoprazole heals erosive reflux **esophagitis** in patients with Barrett's esophagus
AUTHOR(S): Sontag, S. J.; Schnell, T. G.; Chejfec, G.; Kurucar, C.; Karpf, J.; Levine, G.
CORPORATE SOURCE: Departments of Medicine and Pathology, Veterans Affairs Hospital, Hines, IL, 60141-5000, USA
SOURCE: Alimentary Pharmacology and Therapeutics (**1997**), 11(1), 147-156
CODEN: APTHEN; ISSN: 0269-2813
PUBLISHER: Blackwell
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Barrett's esophagus is thought to be a complication of severe gastro-esophageal reflux. To det. whether the proton pump inhibitor, lansoprazole, is effective in healing erosive reflux **esophagitis** in patients with Barrett's esophagus. An 8-wk, randomized, double-blind study was conducted using patients with both erosive reflux **esophagitis** and Barrett's esophagus. Erosive reflux **esophagitis** was defined as grades 2-4 **esophagitis**; Barrett's esophagus, as specialized columnar epithelium obtained by biopsy from the tubular esophagus; and healing, as a return to grade 0 or 1 esophageal mucosa (complete re-epithelialization). One-hundred and five (105) patients from one center were randomized to receive either lansoprazole 30 mg daily or ranitidine 150 mg twice daily. Unhealed or symptomatic lansoprazole patients at week 4 were randomized to receive the same 30 mg dose daily or an increased dose of 60 mg daily. Endoscopy was performed at baseline and at weeks 2, 4, 6 and 8. The treatment groups were similar in regards to baseline characteristics, erosive reflux **esophagitis** grades and length of Barrett's esophagus. At each 2-wk interval, lansoprazole patients had significantly greater healing rates and less day and night heartburn and regurgitation than ranitidine patients. There were no significant differences between treatment groups in antacid use, quality of life parameters, or rate of reported adverse events. Median values for fasting serum gastrin levels remained within the normal range for both groups. In patients with both Barrett's esophagus and erosive reflux **esophagitis**, lansoprazole is significantly more effective than ranitidine in relieving reflux symptoms and healing erosive reflux **esophagitis**.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES
(Uses)
(lansoprazole heals erosive reflux **esophagitis** in patients with Barrett's esophagus)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

L9 ANSWER 20 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)



L9 ANSWER 21 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 126:83946 CA
TITLE: Lansoprazole: a proton pump inhibitor
AUTHOR(S): Garnett, William R.
CORPORATE SOURCE: Medical College Virginia, Virginia Commonwealth University, Richmond, VA, 23298, USA
SOURCE: Annals of Pharmacotherapy (**1996**), 30(12), 1425-1436
CODEN: APHRER; ISSN: 1060-0280
PUBLISHER: Harvey Whitney Books Co.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review, with 108 refs., summarizing published data on lansoprazole, a proton pump inhibitor approved by the Food and Drug Administration for use in the treatment of duodenal ulcer, erosive **esophagitis**, and pathol. hypersecretory conditions (e.g., **Zollinger**-Ellison syndrome). Lansoprazole is safe and effective for the treatment of acid-related disorders. It is more effective than the H2-receptor antagonists and comparable to omeprazole for these indications. The choice between lansoprazole and omeprazole is likely to be institution-specific and pharmacoeconomic.
IT **103577-45-3**, Lansoprazole
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BPR (Biological process); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); PROC
(Process); USES (Uses)
(pharmacol. of)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

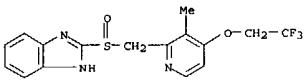


L9 ANSWER 22 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 125:316880 CA
TITLE: Rapid symptom relief in reflux **esophagitis**: A comparison of lansoprazole and omeprazole
AUTHOR(S): Mee, A. S.; Rowley, J. L.
CORPORATE SOURCE: Royal Berkshire Hospital, Reading/Berkshire, RG7 5AN, UK
SOURCE: Alimentary Pharmacology and Therapeutics (**1996**), 10(5), 757-763
CODEN: APTHEN; ISSN: 0269-2813
PUBLISHER: Blackwell
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Lansoprazole, a substituted benzimidazole, is a proton pump inhibitor which is highly effective in the control of 24-h intragastric acidity. The aim of this multi-center, randomized, double-blind study was to compare lansoprazole 30 mg once daily and omeprazole 20 mg once daily in the symptom relief and healing of patients with reflux **esophagitis**. Six hundred and four patients with endoscopically proven **esophagitis** and a recent history of heartburn were randomly assigned to receive lansoprazole 30 mg or omeprazole 20 mg daily for 4-8 wk. Daily assessment of symptoms was made by the patient using a 100-mm Visual Analog Scale. Clin. symptoms were evaluated at weeks 0, 1, 4 and 8. Endoscopic assessment of healing, defined by normalization of the esophageal mucosal appearance, was made at weeks 4 and 8. Two hundred and eighty-two patients in the lansoprazole group and 283 patients in the omeprazole group were eligible for inclusion in the per protocol anal. At 3 days, there was a significant improvement in daytime symptoms of heartburn for patients in the lansoprazole group compared with the omeprazole group. A similar but non-significant trend was seen at 7 days. Clin. assessment at 7 days demonstrated significant improvement in daytime epigastric pain in the lansoprazole group compared with the omeprazole group, with a similar but non-significant trend in night-time epigastric pain. Healing rates of **esophagitis** at 4 and 8 wk were 70 and 87%, resp., with lansoprazole, and 63 and 82%, resp., with omeprazole. Logistic regression anal. of the cumulative healing rates, which included baseline factors affecting outcome, resulted in an odds ratio of 1.46 (95% CI = 0.87-2.45), suggesting a higher chance of being healed with lansoprazole treatment compared with omeprazole treatment. A total of 615 adverse events were reported by 308 (51%) patients during the study period. The majority of events were mild in nature and the incidence was similar in both treatment groups. The most frequently reported events were headache, diarrhea and nausea. Lansoprazole provides greater symptom relief compared with omeprazole during the first week of treatment. Both treatments were effective in healing **esophagitis**.

IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES

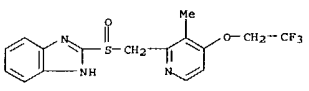
L9 ANSWER 22 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)
(Uses)
(rapid symptom relief in reflux **esophagitis** dealing with a comparison of lansoprazole and omeprazole in humans)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



L9 ANSWER 23 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 125:265593 CA
TITLE: Lansoprazole prevents recurrence of erosive reflux **esophagitis** previously resistant to H2-RA therapy
AUTHOR(S): Sontag, Stephen J.; Kogut, David G.; Fleischmann, Roy; Campbell, Donald R.; Richter, Joel; Haber, Marian
CORPORATE SOURCE: Veterans Affairs Hospital, Hines, IL, USA
SOURCE: American Journal of Gastroenterology (**1996**), 91(9), 1758-1765
CODEN: AJGAAR; ISSN: 0002-9270
PUBLISHER: Williams & Wilkins
DOCUMENT TYPE: Journal
LANGUAGE: English

AB This randomized, double-blind study was designed to det. whether the proton pump inhibitor lansoprazole could prevent relapse among patients with healed erosive reflux **esophagitis** that had been resistant to healing with at least 3 mo of H2-receptor antagonist therapy. By the end of the year, 13% of placebo patients remained healed compared with 67% of lansoprazole 15 mg and 55% of lansoprazole 30 mg patients (for time to first relapse). All placebo patients were symptomatic by the end of the study whereas only one-third of the lansoprazole patients was symptomatic at the end of the 12-mo study period. The two lansoprazole doses were comparably effective in maintaining healing and in symptom control and were well tolerated. Fasting serum gastrin values increased significantly to about 1.5-2 times the baseline values over the first 2 mo of lansoprazole treatment; no further increase was noted. Erosive relapse can be prevented in most patients for up to 1 yr with lansoprazole 15 mg or 30 mg once daily.

IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES
(Uses)
(lansoprazole prevents recurrence of erosive reflux **esophagitis** previously resistant to H2-RA therapy in humans)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

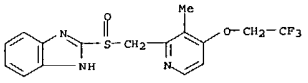


L9 ANSWER 24 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 125:238193 CA
TITLE: Efficacy and safety of lansoprazole in the treatment of erosive reflux **esophagitis**
AUTHOR(S): Castell, Donald O.; Richter, Joel E.; Robinson, Malcolm; Sontag, Stephen J.; Haber, Marian M.
CORPORATE SOURCE: Graduate Hospital, Philadelphia, PA, USA
SOURCE: American Journal of Gastroenterology (**1996**), 91(9), 1749-1757
CODEN: AJGAAR; ISSN: 0002-9270
PUBLISHER: Williams & Wilkins
DOCUMENT TYPE: Journal
LANGUAGE: English

AB This study was designed to compare lansoprazole 30 mg, lansoprazole 15 mg, omeprazole 20 mg, and placebo in the treatment of erosive reflux **esophagitis**. In a double-blind, multicenter study, 1284 patients with endoscopically diagnosed erosive reflux **esophagitis** were randomized to received lansoprazole 30 mg (n = 422), lansoprazole 15 mg (n = 218), omeprazole 20 mg (n = 431), or placebo (n = 213) once daily for 8 wk. At 2, 4, 6, and 8 wk, healing was evaluated endoscopically. Patients kept daily diaries of symptoms. Healing rates at 2, 4, 6, and 8 wk were 65.3%, 83.3%, 89.4%, and 90.0%, resp., for lansoprazole 30 mg; 56.3%, 74.6%, 80.3%, and 78.8% for lansoprazole 15 mg; 60.9%, 82.0%, 89.7%, and 90.7% for omeprazole 20 mg; and 23.9%, 32.8%, 36.6%, and 40.0% for placebo (all active treatments higher than placebo, $p < 0.001$). Healing rates with lansoprazole 30 mg were significantly higher than with lansoprazole 15 mg at all time points ($p < 0.05$). Healing rates with omeprazole 20 mg were significantly higher than with lansoprazole 15 mg at 4, 6, and 8 wk and were similar to those with lansoprazole 30 mg. Based on patient diaries, lansoprazole 30 mg produced better symptomatic relief than lansoprazole 15 mg or omeprazole 20 mg, primarily early in the treatment course. Both lansoprazole 30 mg and omeprazole 20 mg were more effective than lansoprazole 15 mg in esophageal mucosal healing. Compared with omeprazole 20 mg, lansoprazole 30 mg was as safe, was similarly effective with respect to esophageal healing, and provided superior symptomatic relief, primarily early in treatment. Lansoprazole 30 mg provided greater symptomatic relief than lansoprazole 15 mg.

IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES
(Uses)
(efficacy and safety of lansoprazole in the treatment of erosive reflux **esophagitis** in humans)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

L9 ANSWER 24 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)



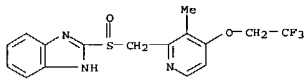
L9 ANSWER 25 OF 35 CA COPYRIGHT 2004 ACS on STN

ACCESSION NUMBER: 125:185467 CA
TITLE: Lansoprazole versus ranitidine in the maintenance treatment of reflux **esophagitis**
AUTHOR(S): Gough, A. L.; Long, R. G.; Cooper, B. T.; Foster, C. S.; Garrett, A. D.; Langworthy, C. H.
CORPORATE SOURCE: Weston General Hospital, Avon, BS23 4TQ, UK
SOURCE: Alimentary Pharmacology and Therapeutics (**1996**), 10(4), 529-539
CODEN: APTHEN; ISSN: 0269-2813
PUBLISHER: Blackwell
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The aim of the study was to assess the relative efficacies of lansoprazole 15 mg once daily, lansoprazole 30 mg once daily and ranitidine 300 mg b.d. in the maintenance treatment of reflux **esophagitis** for 12 mo. Patients with grade 0, asymptomatic **esophagitis** after 8 wk of treatment with lansoprazole 30 mg once daily were randomized to receive lansoprazole 30 mg once daily (L30) (n = 75), lansoprazole 15 mg once daily (L15) (n = 86) or ranitidine 300 mg b.d. (R600) (n = 74) for 12 mo. Endoscopy was repeated at 6 and 12 mo, and symptomatic assessment was made every 3 mo. Efficacy was primarily assessed by the time to endoscopically confirmed relapse (**esophagitis** grade .gtoreq. 1) and the proportion of patients who relapsed during the 12-mo study period. Severity of symptoms were secondary efficacy measures. For all patients randomized with at least one post-baseline endoscopy (intent-to-treat principle) both lansoprazole 15 mg ($P < 0.001$) and lansoprazole 30 mg ($P < 0.001$) were significantly superior to ranitidine 600 mg with respect to time to endoscopic relapse. There was no difference between the lansoprazole groups ($P = 0.11$). There was evidence of relapse in 27 of 86 (31.4%), 15 of 75 (20.0%) and 50 of 74 (67.6%) of the patients treated with lansoprazole 15 mg and 30 mg and ranitidine 600 mg, resp. Patients receiving treatment with either lansoprazole dosages experienced significantly less severe heartburn and regurgitation than those patients treated with ranitidine. There were no differences between the treatment groups with respect to the severity or incidence of adverse events. No clin. significant lab. changes were obsd. in any of the treatment groups. Serum gastrin levels were elevated in all treatment groups, and most markedly in those patients receiving lansoprazole, but there was no significant difference between the treatments. Morphol. and immunohistochem. examn. of the gastric biopsies revealed no clin. relevant changes from baseline in any of the treatment groups. Both lansoprazole 15 mg and lansoprazole 30 mg once daily are significantly more effective than high-dose ranitidine in maintaining reflux **esophagitis** in remission.

IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(lansoprazole vs. ranitidine in the maintenance treatment of reflux **esophagitis** in humans)

RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



L9 ANSWER 26 OF 35 CA COPYRIGHT 2004 ACS on STN

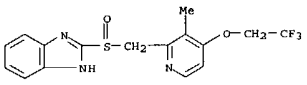
ACCESSION NUMBER: 125:185465 CA
TITLE: Long-term treatment with lansoprazole for patients with **Zollinger**-Ellison syndrome
AUTHOR(S): Hirschowitz, B. I.; Mohnen, J.; Shaw, S.
CORPORATE SOURCE: Department Medicine, University Alabama, Birmingham, AL, 35294, USA
SOURCE: Alimentary Pharmacology and Therapeutics (**1996**), 10(4), 507-522
CODEN: APTHEN; ISSN: 0269-2813
PUBLISHER: Blackwell
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Normalization of gastric secretion and cure of assocd. upper gastrointestinal lesions by resection of gastrinoma is possible in .apprxeq. 20% of patients with **Zollinger**-Ellison syndrome, leaving .apprxeq. 80% dependent on medical treatment with proton pump inhibitors for acid suppression. Lansoprazole was given for 3-48 mo (median 28 mo) to 26 **Zollinger**-Ellison syndrome patients with peptic ulcer manifestations in all and **esophagitis** in 13. Starting with 60 mg/day, the dose was individualized to lower basal acid output to less than 5 mmol/h for those with intact stomachs and less than 1 mmol/h in those who had prior gastrectomy or with **esophagitis**. The patients were studied every 3 mo for 1 yr and then every 6 mo with gastric anal. (basal and maximal acid and pepsin output) and endoscopy with biopsy for enterochromaffin-like (ECL) cells. Lansoprazole inhibited basal acid output by 95%, pepsin output by 65% and remained effective at the initial mean (66.+-.4.3 mg/day) or smaller doses (56.+-.12 mg/day) at 48 mo. Mucosal lesions healed and symptoms (ulcer-type pain, diarrhea, heartburn, wt. loss) resolved rapidly, usually within a few weeks. Serum gastrin and ECL cell populations, which were elevated before treatment, remained statistically unchanged but one of the three multiple endocrine neoplasia I (MEN-I) patients developed a small carcinoid. Of the three patients with metastatic gastrinoma at diagnosis one has died and one has progressed, while the third has had stable liver metastases for 26 yr. Ulcer-type relapses occurred in three of the five post-gastrectomy patients, one with fatal jejunal ulcer perforation despite adequate acid suppression. No biochem. or clin. adverse events due to lansoprazole were encountered. Lansoprazole effectively inhibits acid and pepsin secretion in **Zollinger**-Ellison syndrome patients without any demonstrated side-effects. Despite strict acid control, post-gastrectomy **Zollinger**-Ellison syndrome patients were more liable to ulcer relapse, while oesophagitis was not a marker for therapeutic difficulty.

IT **103577-45-3**, Lansoprazole
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(long-term treatment with lansoprazole for humans with **Zollinger**-Ellison syndrome)

RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

L9 ANSWER 26 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)



L9 ANSWER 27 OF 35 CA COPYRIGHT 2004 ACS on STN

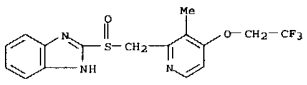
ACCESSION NUMBER: 125:185464 CA
TITLE: Long-term treatment with lansoprazole of patients with duodenal ulcer and basal acid output of more than 15 mmol/h
AUTHOR(S): Hirschowitz, B. I.; Mohnen, J.; Shaw, S.
CORPORATE SOURCE: Department Medicine, University Alabama, Birmingham, AL, 35294, USA
SOURCE: Alimentary Pharmacology and Therapeutics (**1996**), 10(4), 497-506
CODEN: APTHEN; ISSN: 0269-2813
PUBLISHER: Blackwell
DOCUMENT TYPE: Journal
LANGUAGE: English

AB About 10% of patients with duodenal ulcers have marked gastric acid hypersecretion with basal acid output (BAO) of more than 15 mmol/h, which is in the range found in **Zollinger**-Ellison syndrome. We report long-term, up to 4 yr, prospective treatment using lansoprazole in nine male patients with duodenal ulcers and a BAO of more than 15 mmol/h whose results are compared with those in 10 male **Zollinger**-Ellison syndrome patients with intact stomachs reported in detail in an accompanying paper. All 19 subjects, except one **Zollinger**-Ellison syndrome patient who had gastric and esophageal ulcers, had a history of duodenal ulcers; 22% of those with gastric acid hypersecretion had **esophagitis** compared with 60% of those with **Zollinger**-Ellison syndrome. Each subject had the dose of lansoprazole adjusted to give a BAO of less than 5 mmol/h. At 3-mo intervals to 1 yr, and then at 6-monthly intervals, basal and pentagastrin stimulated secretions were studied, in addn. to gastroscopy with biopsy for gastric mucosal morphol. Basal and maximal acid and pepsin secretions were not different between gastric acid hypersecretion and **Zollinger**-Ellison syndrome patients before treatment. During treatment, BAO was reduced by over 90% to less than 2 mmol/h, while peak acid output was reduced by 70% in those with gastric acid hypersecretion and 90% in **Zollinger**-Ellison syndrome patients. Four gastric acid hypersecretion patients had relapses during treatment, three times in one patient and twice in another patient, but all responded to continued treatment with lansoprazole. Of the seven ulcer-related relapses in the gastric acid hypersecretion patients, four occurred with a BAO of less than 2 mmol/h and three with a BAO of 7.1-7.3 mmol/h; five of the seven relapses occurred in the absence of Helicobacter pylori. Lansoprazole remained effective at an av. dose of .apprxeq. 70 mg/day, without causing any side-effects. Lansoprazole is apparently safe and effective for treating hypersecretion, whether due to hypergastrinemia (**Zollinger**-Ellison syndrome) or not (non-**Zollinger**-Ellison syndrome hypersecretors).

IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

L9 ANSWER 27 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)
(long-term treatment with lansoprazole of humans with duodenal ulcer and basal acid output of more than 15 mmol/h)

RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



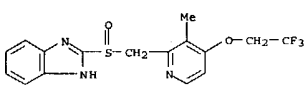
L9 ANSWER 28 OF 35 CA COPYRIGHT 2004 ACS on STN

ACCESSION NUMBER: 125:157409 CA
TITLE: Lansoprazole and omeprazole in the treatment of acid peptic disorders
AUTHOR(S): Blum, Robert A.
CORPORATE SOURCE: State University New York, Buffalo, NY, 14209-1194, USA
SOURCE: American Journal of Health-System Pharmacy (**1996**), 53(12), 1401-1415
CODEN: AHSPEK; ISSN: 1079-2082
PUBLISHER: American Society of Health-System Pharmacists
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review with 174 refs. The pharmacol., pharmacokinetics, efficacy, safety, and dosage and administration of lansoprazole and omeprazole are reviewed. Lansoprazole and omeprazole are proton-pump inhibitors (PPIs). These agents bind covalently to hydrogen/potassium-exchanging ATPase in gastric parietal cells, rendering the mol. nonfunctional and inhibiting the secretion of gastric acid. The bioavailability of lansoprazole is 85%; that of omeprazole is 54%. Although lansoprazole and omeprazole have a plasma half-life of less than 2 h, the duration of action is more than 24 h. Clin. trials have shown lansoprazole and omeprazole to be effective in the treatment of duodenal ulcers, gastric ulcers, peptic ulcer disease involving Helicobacter pylori infection, recurrent ulcers, ulcers induced by nonsteroidal antiinflammatory drugs, reflux **esophagitis**, Barrett esophagus, and **Zollinger**-Ellison syndrome. In many cases, these PPIs were more effective than histamine H2-receptor antagonists or worked when the latter failed. Lansoprazole and omeprazole have similar adverse-effect profiles and are well tolerated in both long-and short-term therapy. The dosage and duration of therapy vary with the condition being treated or the individual patient. Dosage adjustments should be considered only in the case of lansoprazole in patients with severe liver disease. Lansoprazole and omeprazole are highly specific in blocking a crit. step in gastric acid prodn. and have been found to be safe and effective in the treatment of many acid peptic disorders.

IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(lansoprazole and omeprazole in the treatment of acid peptic disorders)

RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



L9 ANSWER 28 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)

L9 ANSWER 29 OF 35 CA COPYRIGHT 2004 ACS on STN

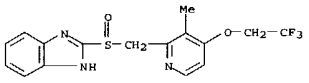
ACCESSION NUMBER: 125:25959 CA
TITLE: Effective maintenance treatment of reflux **esophagitis** with low-dose lansoprazole; A randomized, double-blind, placebo-controlled trial
AUTHOR(S): Robinson, Malcolm; Lanza, Frank; Avner, Dennis; Haber, Marian
CORPORATE SOURCE: College Medicine, University Oklahoma, Oklahoma, OK, USA
SOURCE: Annals of Internal Medicine (**1996**), 124(10), 859-867
CODEN: AIMEAS; ISSN: 0003-4819
PUBLISHER: American College of Physicians
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The authors compared the efficacy of two doses of lansoprazole with that of placebo in preventing recurrence of erosive **esophagitis** in a 12-mo period in 173 patients with documented healing of erosive **esophagitis** after 8 wk of acid-suppressing therapy. They used lansoprazole, 15 mg or 30 mg, or placebo once daily for as long as 12 mo and endoscopy and symptom evaluation after 1, 2, 3, 6, 9, and 12 mo of treatment. Endoscopy was also done whenever symptoms suggested erosive changes. Lansoprazole was significantly superior to placebo in maintaining healing and preventing recurrence of symptoms. By month 1, 45% of placebo recipients remained healed compared with more than 90% of patients in either lansoprazole group. By month 12, only 24% of placebo recipients remained healed compared with 79% of patients receiving 15 mg of lansoprazole and 90% of patients receiving 30 mg of lansoprazole. During the same period, 35% of placebo recipients remained asymptomatic compared with 72% of recipients of 15 mg of lansoprazole and 67% of recipients of 30 mg of lansoprazole. The 15-mg and 30-mg lansoprazole doses did not differ significantly in maintaining healing and controlling symptoms. Follow-up after recurrence of erosion indicated that during the 12 mo, 35% of placebo recipients and 2% of lansoprazole recipients had three or more recurrences. Lansoprazole effectively maintains healing of erosive **esophagitis**. The 15-mg and 30-mg lansoprazole doses did not differ significantly for use as maintenance treatment.

IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES
(Uses)
(effective maintenance treatment of reflux **esophagitis** with low-dose lansoprazole in humans)

RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

L9 ANSWER 29 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)



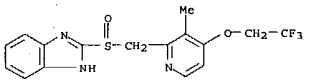
L9 ANSWER 30 OF 35 CA COPYRIGHT 2004 ACS on STN

ACCESSION NUMBER: 124:278696 CA
TITLE: A prospective study of the effectiveness of low dose omeprazole as initial therapy in **Zollinger**-Ellison syndrome
AUTHOR(S): Termanini, B.; Gibril, F.; Stewart, C. A.; Weber, H. C.; Jensen, R. T.
CORPORATE SOURCE: National Institute Diabetes and Digestive and Kidney Diseases, National Institutes Health, Bethesda, MD, 20892-1804, USA
SOURCE: Alimentary Pharmacology and Therapeutics (**1996**), 10(1), 61-71
CODEN: APTHEN; ISSN: 0269-2813
PUBLISHER: Blackwell
DOCUMENT TYPE: Journal
LANGUAGE: English

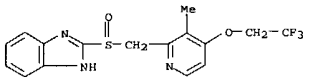
AB The proton pump inhibitors (omeprazole and lansoprazole) are the drugs of choice for the medical management of gastric acid hypersecretion in **Zollinger**-Ellison syndrome (ZES). These drugs are safe for long-term therapy but are acid-labile and high doses are expensive. The recommended starting dose of omeprazole is 60 mg/day. However, it has been shown in recent studies that the maintenance dose of omeprazole could be safely reduced to 20 mg once or twice a day in more than two-thirds of patients with ZES. The purpose of this study is to det. if an initial starting dose of omeprazole 20 mg/day is safe and effective in patients with ZES. Forty-nine consecutive patients with ZES being treated with ranitidine for at least 2 wk were admitted to the NIH. Omeprazole 20 mg was started on day 1 of the admission and ranitidine discontinued 4 h after the first dose. Gastric acid output was measured for 1 h prior to the next omeprazole dose on day 2, then on day 3 if the value was > 10 mmol/h on the previous day. If acid-peptic symptoms developed or the gastric acid output remained > 10 mmol/h on day 3, the patient was considered to have failed omeprazole 20 mg/day initial therapy and the dose titrated daily to achieve adequate control of acid-peptic symptoms and gastric secretion. In 33 of the 49 patients (68%) omeprazole 20 mg/day was successful as initial therapy. Sixteen patients (32%) failed this initial omeprazole dose (eight patients owing to persistent peptic symptoms and eight patients owing to inadequate acid control). The final daily omeprazole dose required in these patients was 40 mg in eight patients (16%), 60 mg in one patient (2%) and 80 mg in seven patients (14%). Basal acid output (BAO) was the only clin. or lab. feature that was significantly different between the two groups in which low dose initial omeprazole therapy was or was not successful; all patients with basal acid output < 20 mmol/h had a successful outcome. Because of the need to rapidly control gastric acid hypersecretion owing to the high risk of complications from peptic ulcer disease, patients with ZES should continue to be started on omeprazole 60 mg/day and the dose adjusted by acute titrn. methods as is currently recommended. After a maintenance dose is established, attempts should be undertaken to reduce the dose to 20 mg/day once or twice a day. Only the minority of patients with ZES in whom basal acid output is known to be < 20 mmol/h (20% of patients) should be started on a low initial omeprazole dose.

IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES

L9 ANSWER 30 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)
(Uses)
(prospective study of the effectiveness of low dose omeprazole as initial therapy in humans with **Zollinger**-Ellison syndrome)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

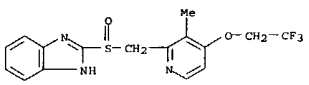


L9 ANSWER 31 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 124:193063 CA
TITLE: Lansoprazole: A new proton pump inhibitor for the treatment of peptic ulceration and reflux oesophagitis
AUTHOR(S): Garner, Andrew; Ansari, Tanzeel
CORPORATE SOURCE: Faculty Medicine, UAE University, Al Ain, United Arab Emirates
SOURCE: Expert Opinion on Investigational Drugs (**1996**), 5(1), 17-27
CODEN: EOIDER; ISSN: 0967-8298
PUBLISHER: Ashley Publications
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review, with 56 refs. Lansoprazole is the second inhibitor of the gastric H+/K+-ATPase to be marketed for the treatment of peptic ulcer disease and reflux **esophagitis**. Like omeprazole, lansoprazole is an acid-activated, non-competitive and highly specific inhibitor of the proton pump which causes profound and long-lasting inhibition of acid secretion. In controlled clin. trials, lansoprazole results in more rapid healing of duodenal and gastric ulcers than histamine H2 receptor antagonists. The drug is extremely effective in treating **esophagitis**, resistant ulcers and **Zollinger**-Ellison syndrome when compared with H2 blockers and can be used in combination with amoxycillin or clarithromycin to achieve eradication of Helicobacter pylori. In a no. of trials in which proton pump inhibitors (PPIs) have been directly compared, lansoprazole has produced slightly faster rates of healing and pain relief than omeprazole. These marginal advantages may reflect the improved bioavailability of lansoprazole and/or the fact that it has been launched at a higher recommended dose of 30 mg compared with 20 mg for omeprazole. The dominance of histamine H2 antagonists in the prescription market is being eroded by H+/K+-ATPase inhibitors to the extent that proton pump inhibitors could well take over as the first choice antisecretory drugs in the prescription market over the next few years.
IT **103577-45-3**, Lansoprazole
RL: BAC (Biological activity or effector, except adverse); BPR (Biological process); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
(lansoprazole is new proton pump inhibitor for treatment of peptic ulceration and reflux **esophagitis**)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

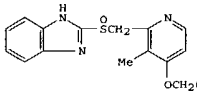


L9 ANSWER 31 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)

L9 ANSWER 32 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 118:139583 CA
TITLE: Effects of lansoprazole (AG-1749) and cimetidine on acid secretion and experimental ulcers in rats
AUTHOR(S): Inatomi, Nobuhiro; Murakami, Izumi; Asano, Shouichi; Satoh, Hiroshi
CORPORATE SOURCE: Pharm. Res. Lab. II, Takeda Chem. Ind., Ltd., Japan
SOURCE: Yakuri to Chiryo (1973-2000) (**1992**), 20(11), 4335-44
CODEN: YACHDS; ISSN: 0386-3603
DOCUMENT TYPE: Journal
LANGUAGE: Japanese
AB The antisecretory and antiulcer activities of lansoprazole, a proton pump inhibitor, were compared with those of a histamine H2 receptor antagonist cimetidine. Lansoprazole inhibited acid secretion stimulated by histamine, 2-deoxy-D-glucose or water-immersion stress in a dose-dependent manner of the ID50 values with 1.6, 2.7 and 1.0 mg/kg, i.d., resp. Cimetidine inhibited acid secretion stimulated by histamine or 2-deoxy-D-glucose in a dose-dependent manner, and the ID50 values were 25.4 and 76.0 mg/kg, i.d., resp. However, cimetidine showed only a partial inhibition on acid secretion induced by stress. Lansoprazole markedly inhibited reflux **esophagitis**, gastric lesions induced by water-immersion stress or ethanol in a dose-dependent manner with the ID50 values of 0.7 mg/kg, i.d., 1.8 and 10.2 mg/kg, p.o., resp. Although cimetidine inhibited water-immersion stress-induced gastric lesions (ID50 = 16.7 mg/kg, p.o.), it showed only slight inhibition of reflux **esophagitis** and ethanol-induced gastric lesions. Consecutive administration of cimetidine at 30-300 mg/kg/day, p.o. for 14 days accelerated the healing of acetic acid-induced gastric ulcers, but the effect was less than that of lansoprazole (10 mg/kg/day, p.o). The results indicate that lansoprazole has more potent and wider spectrum of antisecretory and antiulcer activities than cimetidine.
IT **103577-45-3**, Lansoprazole
RL: BIOL (Biological study)
(antisecretory and antiulcer activity of, cimetidine comparison with)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



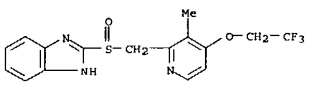
L9 ANSWER 33 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 117:204315 CA
TITLE: Lansoprazole: a review of its pharmacodynamic and pharmacokinetic properties and its therapeutic efficacy in acid-related disorders
AUTHOR(S): Barradell, Lee B.; Faulds, Diana; McTavish, Donna
CORPORATE SOURCE: Adis Int. Ltd., Auckland, N. Z.
SOURCE: Drugs (1992), 44(2), 225-50
CODEN: DRUGAY; ISSN: 0012-6667
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
GI



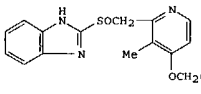
I

AB A review with 83 refs. Lansoprazole (I) is an effective acid pump inhibitor acting at the final enzymic step of the acid secretory pathway of the stomach parietal cell, decreasing gastric acid secretion regardless of the primary stimulus. Short term (<8 wk) clin. trials have shown I to be superior to ranitidine in the treatment of duodenal ulcer, both in the rate of healing and in overall healing at 4 wk. I appears to heal duodenal ulcer more quickly than famotidine, and demonstrates slightly greater efficacy at 4 wk, although both drugs appear to have equiv. efficacy overall. Gastric ulcers and reflux **esophagitis** are also healed by I given at 30 mg/day for 4-8 wk, with healing rates after 8 wk of .apprx.85-95% for both indications. I appears to be superior to ranitidine and comparable to omeprazole in treating reflux **esophagitis**. I has relieved reflux symptoms more quickly than ranitidine or omeprazole. I may be effective in the treatment of peptic ulcer disease and reflux **esophagitis** refractory to H2-receptor antagonists, and in patients with **Zollinger**-Ellison syndrome. While direct comparisons with omeprazole are limited, I used for short term treatment may be at least as effective as omeprazole in the treatment of peptic ulcer and reflux **esophagitis**. I has been well tolerated in short term clin. trials, with an incidence of adverse effects comparable with that of other agents in its therapeutic class. Trials assessing long term tolerability will be required for the assessment of I prophylactic use to prevent ulcer recurrence. Thus, I is a useful alternative for the treatment of acid related disorders.
IT **103577-45-3**, Lansoprazole
RL: BIOL (Biological study)

L9 ANSWER 33 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)
(stomach ulcer and acid secretion disorders treatment by)
RN 103577-45-3 CA
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



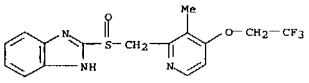
L9 ANSWER 34 OF 35 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 115:22001 CA
TITLE: Effects of a proton pump inhibitor, AG-1749 (lansoprazole), on reflux **esophagitis** and experimental ulcers in rats
AUTHOR(S): Inatomi, Noburhio; Nagaya, Hideaki; Takami, Kenji; Shino, Akio; Satoh, Hiroshi
CORPORATE SOURCE: Biol. Res. Lab., Takeda Chem. Ind., Ltd., Osaka, 532, Japan
SOURCE: Japanese Journal of Pharmacology (1991), 55(4), 437-51
CODEN: JJPAAZ; ISSN: 0021-5198
DOCUMENT TYPE: Journal
LANGUAGE: English
GI



I

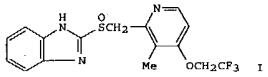
AB The effects of lansoprazole (AG-1749) (I) and famotidine on various exptl. ulcers in rats were compared. AG-1749 inhibited reflux **esophagitis**; gastric lesions induced by water-immersion stress, aspirin or ethanol; and duodenal ulcers induced by cysteamine or mepirizole in a dose-dependent manner: the ID50 values were 0.7, 2.4, 0.7, 8.5, 1.1 and 0.3 mg/kg, oral or intraduodenal, resp. Famotidine inhibited reflux **esophagitis** with an ID50 value of 12.9 mg/kg, but did not cause 50% inhibition of ethanol-induced gastric lesions even at 100 mg/kg, although it showed almost the same or a little stronger potency on other exptl. ulcers: ID50 values were 0.3-1.4 mg/kg. Aggravation of ethanol- or water-immersion stress-induced lesions was obsd. in rats given famotidine at 30 mg/kg twice daily for 4 days, but not in rats given AG-1749 at 10 mg/kg twice daily. Administration of AG-1749 for 14 consecutive days markedly accelerated the healing of acetic acid-induced gastric and duodenal ulcers, and the healing effect was significant at 10 and 30 mg/kg/day, p.o. Famotidine also accelerated the healing of ulcers, but is potency was less than that of AG-1749. The results of this study indicate that although AG-1749 is slightly less potent than famotidine in inhibiting acutely induced gastroduodenal lesions, this agent is superior to famotidine in promoting the healing of ulcers and in inhibiting reflux **esophagitis** and ethanol-induced gastric lesions.
IT **103577-45-3**, AG-1749
RL: BIOL (Biological study)
(ulcer inhibition by, reflux **esophagitis** response in)
RN 103577-45-3 CA

L9 ANSWER 34 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)
CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)



L9 ANSWER 35 OF 35 CA COPYRIGHT 2004 ACS on STN

ACCESSION NUMBER: 115:21996 CA
TITLE: Effects of AG-1749 (lansoprazole) and its metabolites on acid secretion and experimental ulcers
AUTHOR(S): Inatomi, Nobuhiro; Nagaya, Hideaki; Ishisaka, Yoichi; Satoh, Hiroshi
CORPORATE SOURCE: Res. Dev. Div., Takeda Chem. Ind., Ltd., Japan
SOURCE: Yakuri to Chiryo (1973-2000) **(1991)**, 19(2), 477-86
CODEN: YACHDS; ISSN: 0386-3603
DOCUMENT TYPE: Journal
LANGUAGE: Japanese
GI



I

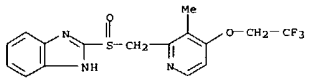
AB The effects of AG-1749 (I) and its metabolites on canine microsomal (H++K+)-ATPase, acid formation in canine gastric parietal cells, gastric acid secretion in rats and dogs, and exptl. stomach and duodenal ulcers in rats were studied. AG-1749 inhibited (H++K+)-ATPase activity in canine microsomes and acid formation in canine parietal cells stimulated by dibutyryl cAMP in a concn.-dependent manner. The IC50 values were 6.3 and 0.09 .mu.M, resp. The hydroxy metabolite inhibited (H++K+)-ATPase activity with IC50 ≈ 3 .mu.M, but it did not inhibit acid formation in isolated parietal cells. The sulfonyl metabolite affected neither microsomal (H++K+)-ATPase activity nor acid formation in parietal cells. AG-1749 inhibited histamine-stimulated acid secretion in dogs and rats; the ID50 values were 0.14 mg/kg i.v. and 0.4 mg/kg i.p., resp. Neither metabolite inhibited acid secretion in dogs and rats at 1 mg/kg i.v. and 10 mg/kg i.p. AG-1749 inhibited reflux **esophagitis**, water-immersion stress-induced gastric lesions, and mepirizole-induced duodenal ulcers in rats in a dose-dependent manner; ID50 values were 0.4, 0.7, and <0.1 mg/kg, i.p., resp. The metabolites barely inhibited the exptl. ulcers. The antisecretory and antiulcer effects by AG-1749 are exerted mainly by AG-1749 itself and not by its 2 metabolites.

IT **103577-45-3**, AG-1749
RL: BIOL (Biological study)
(antiulcer pharmacol. of)

RN 103577-45-3 CA

CN 1H-Benzimidazole, 2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

L9 ANSWER 35 OF 35 CA COPYRIGHT 2004 ACS on STN (Continued)



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L15 ANSWER 1 OF 2 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 137:11001 CA
TITLE: Process for the **crystallization** of (R)- or (S)-lansoprazole
INVENTOR(S): Hashimoto, Hideo; Urai, Tadashi
PATENT ASSIGNEE(S): Takeda Chemical Industries, Ltd., Japan
SOURCE: PCT Int. Appl., 63 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2002044167	A1	20020606	WO 2001-JP10462	20011130
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AU 2002018506	A5	20020611	AU 2002-18506	20011130
JP 2002226478	A2	20020814	JP 2001-367473	20011130
EP 1337525	A1	20030827	EP 2001-998545	20011130
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US 2004049045	A1	20040311	US 2003-432798	20030527
NO 2003002437	A	20030717	NO 2003-2437	20030528

PRIORITY APPLN. INFO.: JP 2000-367757 A 20001201
WO 2001-JP10462 W 20011130

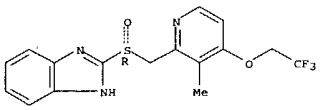
AB The present invention relates to a prodn. method of a **crystal** of (R)-lansoprazole or (S)-lansoprazole, which includes crystn. at a temp. of 0.degree.-35.degree. from a C1-4 alkyl acetate soln. contg. (R)-lansoprazole or (S)-lansoprazole at a concn. of about 0.1 g/mL to about 0.5 g/mL and the like. According to the prodn. method of the present invention, a **crystal** of (R)-lansoprazole or (S)-lansoprazole superior in preservation stability can be produced efficiently on an industrial large scale.

IT **138530-94-6P**
RL: IMF (Industrial manufacture); PUR (Purification or recovery); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); USES (Uses)
(method for crystn. of lansoprazole and oral prepns. contg. the same for treatment of digestive tract diseases)

RN 138530-94-6 CA
CN 1H-Benzimidazole, 2-[(R)-[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]- (9CI) (CA INDEX NAME)

Absolute stereochemistry. Rotation (+).

L15 ANSWER 1 OF 2 CA COPYRIGHT 2004 ACS on STN (Continued)



REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 2 OF 2 CA COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 136:167375 CA
TITLE: Preparation of salts of benzimidazole compound as antiulcer agents
INVENTOR(S): Kamiyama, Keiji; Hashimoto, Hideo
PATENT ASSIGNEE(S): Takeda Chemical Industries, Ltd., Japan
SOURCE: PCT Int. Appl., 47 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: Japanese
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2002012225	A1	20020214	WO 2001-JP6686	20010803
W: AE, AG, AL, AU, BA, BB, BG, BR, BZ, CA, CN, CO, CR, CU, CZ, DM, DZ, EC, EE, GD, GE, HR, HU, ID, IL, IN, IS, JP, KR, LC, LK, LR, LT, LV, MA, MG, MK, MN, MX, NO, NZ, PL, RO, SG, SI, SK, TT, UA, US, UZ, VN, YU, ZA, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
AU 2001076721	A5	20020218	AU 2001-76721	20010803
JP 2002114779	A2	20020416	JP 2001-235673	20010803
EP 1306375	A1	20030502	EP 2001-954427	20010803
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
US 2003181487	A1	20030925	US 2003-343142	20030128

PRIORITY APPLN. INFO.: JP 2000-236651 A 20000804
WO 2001-JP6686 W 20010803

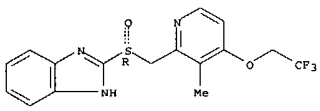
AB Claimed are the sodium, magnesium, lithium, potassium, calcium, and barium salt of (R)-2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]-1H-benzimidazole. These novel salts are useful as excellent antiulcer agents. The sodium salt of (R)-2-[[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]-1H-benzimidazole was prepd. : this salt showed excellent stability over 4 wk at 60.degree.. Formulations are given.

IT **398135-97-2P**
RL: IMF (Industrial manufacture); PAC (Pharmacological activity); PRP (Properties); SPN (Synthetic preparation); BIOL (Biological study); PREP (Preparation)
(prepn. of salts of benzimidazole compd. as antiulcer agents)

RN 398135-97-2 CA
CN 1H-Benzimidazole, 2-[(R)-[[3-methyl-4-(2,2,2-trifluoroethoxy)-2-pyridinyl]methyl]sulfinyl]-, potassium salt, hydrate (4:3) (9CI) (CA INDEX NAME)

Absolute stereochemistry. Rotation (+).

L15 ANSWER 2 OF 2 CA COPYRIGHT 2004 ACS on STN (Continued)



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REFERENCE COUNT: 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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L4            11 S HYDRATE AND L3
L5          1439 S ZOLLINGER? OR ESOPHAGITIS?
L6           101 S L5 AND L3
L7           101 S L6 NOT L4
L8            42 S L7 AND PY<2000
L9            35 S L7 AND PY<1999
L10         9095 S HELICOBACTER?
L11         1070 S L3 NOT L4
L12         1035 S L11 NOT L9
L13          325 S L12 AND L10
L14          322 S PYLORI AND L13
L15            2 S CRYSTAL? AND L14

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STN INTERNATIONAL LOGOFF AT 15:11:34 ON 15 SEP 2004
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